



CHILD CARE AND DEVELOPMENT FUND PLAN
FOR
FFY 2004-2005

This Plan describes the CCDF program to be conducted by the State for the period 10/1/03 – 9/30/05. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including changing the options selected or described herein.

The official text of the applicable laws and regulations govern, and the Lead Agency acknowledges its responsibility to adhere to them regardless of the fact that, for purposes of simplicity and clarity, the specific provisions printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text.

Public reporting burden for this collection of information is estimated to average 162.57 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

(Form ACF 118 Approved OMB Number: 0970-0114 expires 02-29-2004)

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CALIFORNIA STATE PLAN FOR
CHILD CARE & DEVELOPMENT FUND SERVICES
FOR THE PERIOD 10/1/03 – 9/30/05

AMENDMENTS LOG

Child Care and Development Services Plan for
For the period: 10/1/03 -- 9/30/05

SECTION AMENDED	EFFECTIVE/ PROPOSED EFFECTIVE DATE	DATE SUBMITTED TO ACF	DATE APPROVED BY ACF

Instructions:

- 1) Lead Agency completes the first 3 columns and sends a photocopy of this Log (showing the latest amendment sent to ACF) and the amended section(s) to the ACF Regional contact. A copy of the Log, showing the latest amendment pending in ACF, is retained in the Lead Agency's Plan.
- 2) ACF completes column 4 and returns a photocopy of the Log to the grantee.
- 3) The Lead Agency replaces this page in the Plan with the copy of the Log received from ACF showing the approval date.

Note: This process depends on repeated subsequent use of the same Log page over the life of the Plan. At any time the Log should reflect all amendments, both approved and pending in ACF. The Lead Agency is advised to retain those "old" plan pages that are superseded by amendments in a separate appendix to its Plan.

PART 1 -- ADMINISTRATION

The agency shown below has been designated by the Chief Executive Officer of the State (or Territory), to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E)

1.1 Lead Agency Information (as designated by State chief executive officer)

Name of Lead Agency: [California Department of Education \(CDE\)](#)

Address of Lead Agency: [1430 N Street](#)
[Sacramento, California 95814](#)

Name and Title of the
Lead Agency's Chief Executive Officer: [Jack O'Connell](#),
[State Superintendent of Public Instruction](#)

Phone & Fax Numbers: [\(916\) 319-0800 phone](#)
[\(916\) 319-0100 fax](#)

1.2 State Child Care (CCDF) Contact Information (day-to-day contact)

Name and Title of the
State Child Care Contact (CCDF): [Michael Silver, Administrator](#)

Address of Contact: [1430 N Street, Suite 6308](#)
[Sacramento, California 95814](#)

Phone & Fax Numbers: [\(916\) 322-6233 phone](#)
[\(916\) 323-6853 fax](#)

E-Mail Address: msilver@cde.ca.gov

1.3 Estimated Funding

The Lead Agency estimates that the following amounts will be available for child care services and related activities during the 1-year period: October 1, 2003 through September 30, 2004. (§98.13(a))

-CCDF:	\$ 517,035,000
-Federal TANF Transfer to CCDF (if known):	\$ 563,635,000
-Direct Federal TANF Spending on Child Care (if known):	\$ 438,900,000
-State CCDF Maintenance of Effort Funds:	\$ 85,593,000
-State Matching Funds:	\$ 192,511,000
-Total Funds Available:	\$ 1,797,674,000

1.4 The Lead Agency estimates that the following amount (and percentage) of the CCDF will be used to administer the program (not to exceed 5 percent): \$ 9,268,000 (0.86 %). (658E(c)(3), §§98.13(a), 98.52)

1.5 Does the Lead Agency directly administer and implement all services, programs and activities funded under the CCDF Act, including those described in Part 5.1 – Activities & Services to Improve the Quality and Availability of Child Care, Quality Earmarks and Set-Aside?

() Yes. – GO to Section 1.8.

(X) No, and the following describes how the Lead Agency maintains overall control when services or activities are provided through other agencies. (658D(b)(1)(A), §98.11)

The CDE maintains overall administrative control and oversight responsibilities using the following procedures:

- A. Negotiation, issuance, and execution of contracts, grants, or interagency agreements.
- B. Provision of technical assistance to contractors, grantees, and public agencies.
- C. Monitoring of fiscal and service data reports required to be submitted by contractors, grantees, or public agencies.
- D. Reviewing fiscal and compliance audits required to be submitted by contractors, grantees, or other public agencies for final close-out of contracts and grants. State agencies are audited by the Bureau of State Audits.
- E. Contractor Reviews:
 - 1. Review of each child care and development service contractor at the local level by the CDE or other authorized representatives using the following procedures:
 - a. Agency annual self-review.
 - b. Coordinated Compliance Reviews (CCRs)/ Contract Monitoring Reviews (CMRs) of each school or contracted program every three years.
 - c. Requirements contained in interagency agreements.
 - 2. Review of contractors or grantees providing quality improvement activities include:
 - a. Review of monthly invoices and progress reports.
 - b. For those producing materials, review and approval of materials during development and prior to final production.

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- c. For those conducting training, review of training plan, observation of training activities, and review of client evaluations of training activities.
 - d. Contract for periodic independent evaluations of the efficiency and effectiveness of all major quality improvement activities.

1.6 For child care services funded under §98.50 (i.e., certificates, vouchers, grants/contracts for slots based on individual eligibility), does the Lead Agency itself: (§98.11)

- Determine individual eligibility of non-TANF families? YES ____ NO X
If NO, identify the name and type of agency that determines eligibility of non-TANF families for child care:

Eligibility for services of non-TANF families is determined by the local child care and development agency that is under contract with the CDE.

- Determine individual eligibility of TANF families? YES ____ NO X
If NO, identify the name and type of agency that determines eligibility of TANF families for child care:

Eligibility for services of TANF families is determined by the local child care and development agency that is under contract with the CDE.

- Assist parents in locating child care? YES ____ NO X
If NO, identify the name and type of agency that assists parents:

Child Care Resource and Referral (R&R) agencies located in every county of California.

- Make payments to providers? YES ____ NO ____ See below:
If NO, identify the name and type of agency that makes payments:

Yes: For contracted direct services providers.

No: For certificate programs, agencies that make payments to providers include Alternative Payment Programs (APPs), including County Welfare Departments (CWDs) under contract with the CDE.

1.7 Is any entity named in response to section 1.6 a non-governmental entity? (See section 1.6 of the guidance.) (658D(b), §§98.10(a), 98.11(a))

() No.

(X) Yes, the following entities named in section 1.6 are non-governmental:

Private non-profit and private for-profit contractors, including direct service providers, APP agencies, and R&R agencies.

Section 1.8 - Use of Private Donated Funds

1.8.1 Will the Lead Agency use private donated funds to meet a part of the matching requirement of the CCDF pursuant to §98.53(e)(2) and (f)?

- (X) No. GO TO 1.9
() Yes. The name and type of entity designated to receive private donated funds is:
Name:
Address:
Contact:
Type (see section 1.6 of the guidance):

Section 1.9 - Use of State Pre-Kindergarten (Pre-K) Expenditures for CCDF-Eligible Children

1.9.1 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF maintenance of effort (MOE) requirement?

- (X) No.
() Yes,

_____ The State assures that its level of effort in full day/full year child care services has not been reduced, pursuant to §98.53(h)(1).

_____ Estimated % of the MOE requirement that will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the MOE requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

1.9.2 During this plan period, will State expenditures for Pre-K programs be used to meet any of the CCDF Matching Fund requirement ? (§98.53(h))

- (X) No.
() Yes, and

_____ Estimated % of the Matching Fund requirement will be met with pre-K expenditures. (It may not exceed 20%.)

If the State uses Pre-K expenditures to meet more than 10% of the Matching Fund requirement, the following describes how the State will coordinate its Pre-K and child care services to expand the availability of child care (§98.53(h)(4)):

1.9.3 If the State answered yes to 1.9.1 or 1.9.2, the following describes State efforts to ensure that pre-K programs meet the needs of working parents (§98.53(h)(2)):

Part 2--DEVELOPING THE CHILD CARE PROGRAM

2.1 - Consultation and Coordination

2.1.1 Consultation. Describe the consultation the Lead Agency held in developing this Plan and the results of that consultation. At a minimum, the description must include the following:

- Representatives of local governments;
- Tribal organizations when such organizations exist within the boundaries of the State. (658D(b)(2), §§98.12(b), 98.14(b))

The California Department of Education (CDE) does not directly consult with representatives of local governments, but rather it uses its Child Care and Development Planning Councils (LPCs) to keep abreast of local child care needs. The CDE supports the overall coordination of child care services at the local level through established LPCs in each of the 58 counties. Membership, determined by local government, consists of 20 percent of each of the following categories: child care providers, community representatives, consumers, public agency representatives, and persons at the discretion of the appointing agency. The LPCs are mandated to conduct county child care needs assessments and to prepare plans to address identified needs. These assessments must include information on the supply and demand for child care, including the need for both subsidized and non-subsidized care. The CDE is providing guidance and technical assistance to the LPCs as they develop their needs assessments. The CDE utilizes all of the collected data from the needs assessments to obtain a statewide picture of child care need.

A recent in depth evaluation of LPCs documented that LPCs are increasingly becoming an integrated component of county government. Over three-quarters are housed within a county government agency and LPC coordinators often commented on the importance of collaboration with county officials and community stakeholders. LPCs are coordinating activities with as many as 41 different agencies and have formed close working partnerships with all of the First 5/Children and Families county commissions and many other agencies.

The CDE has established an ongoing communication mechanism with tribes in California, both CCDF-funded and otherwise, in order to facilitate and consult on the delivery of services to all children and families in the State. Tribal representatives fully participate in the Head Start - State Collaboration Advisory Committee in which child care issues and barriers are identified and resolved. The CDE coordinates child care and development services with tribal organizations by providing information and access to the State's child care and development services and training programs, complimentary dissemination of training materials, and use of the TrustLine clearance of license-exempt tribal child care providers.

In the fall of 2002, the CDE's Child Development Division (CDD) held a meeting with statewide stakeholders to discuss what they perceived as the most pressing needs in child development. They proposed quality initiatives to improve the situation in

the short- and long-term. Attendees represented the California Alternative Payment Programs Association, California Association for the Education of Young Children, California Child Care Coordinators Association, California Child Care Resource and Referral Network, California Child Development Administrators Association, California Latino Child Development Association, Child Care Coalition, Child Care Law Center, Child Development Policy Advisory Committee, Child Development Policy Institute, Community College Chancellor's Office, and United California Child Care Campaign.

Results: As a result of the above consultation, the Quality Improvement Activities were reviewed. A school readiness and articulation project was added to facilitate the transition of preschoolers to kindergarten. Several Quality Initiatives were streamlined under one contractor to improve coordination and efficiency.

- 2.1.2 Coordination. Lead Agencies are required to coordinate with other Federal, State, local, tribal (if applicable), and private agencies providing child care and early childhood development services.

Check any of the following services provided by agencies with which the Lead Agency coordinates. In each case identify the agency providing the service and describe the coordination and expected results:

- ☒ Public health including programs that promote children's emotional and mental health

The CDE understands the importance of linking children and families with continuous and accessible health care services. For this reason, the CDE works closely with the California Department of Health Services (CDHS) to create and maintain the linkage between child care and health care. In California, the State provides services for pregnant women and children through a variety of programs, including Medi-Cal's (the State's Medicaid program) BabyCal, Access for Infants and Mothers (AIM), and the Healthy Families Program (HFP). Together, these three programs cover children up to 250 percent of the federal poverty level and pregnant women and their infants up to 300 percent of the federal poverty level.

The link between health care and child care is made even stronger by the requirement that children be age-appropriately immunized before being enrolled in child care settings. Because of the growing concern about the proper immunization of children, the CDHS, the CDE, and the California Department of Social Services (CDSS) have worked to achieve higher immunization rates among children.

The CDE also recognizes the importance of healthy emotional and mental health. California's Infant, Preschool and Family Mental Health Initiative (CIPFMHI) is funded by the First 5/Children and Families Commission, administered through the California Department of Mental Health, coordinated by WestEd Center for Prevention and Early Intervention and implemented in cooperation with eight county departments of mental

health and interagency partners. This initiative hopes to expand and enhance relationship-based approaches to service and the delivery of mental health treatment services to children prenatal to age five and their families. The CDE coordinates with this initiative through *its Beginning Together* Project, which is administered by Sonoma State University. Outreach sessions are conducted in 10 to 20 areas of California each year to bring together early childhood education staff, family child care providers, early interventionists, and other professionals working with infants and toddlers. The purpose of these sessions is to discuss how to better coordinate services for children for birth to three years of age who have disabilities or other exceptional needs. Representatives from the counties with CIPFMHI pilot projects will be included in these meetings when they are held in their areas so that mental health services are considered in the discussions. In other areas of the State, efforts will be made to include representatives from mental health agencies and organizations providing services for children.

Results:

- The percentage of children fully immunized upon enrollment in child care centers has increased from 91.8% in 2001 to 94.3% in 2002. The CDSS' Community Care Licensing Division, the CDHS' Immunization Branch, and the Child Care Health Program, funded by the CDE, will continue their partnership and coordination efforts to increase the percentage of children fully immunized.
- Coordination of services at the local level for children and families has and will continue to increase.

X Healthy Child Care America Campaign

The CDE coordinates activities related to health and safety issues with the *Healthy Child Care America* Project sponsored by the U.S. Department of Health and Human Services' Child Care Bureau and Maternal and Child Health Bureau and administered locally by University of California, San Francisco. This partnership between the child care community and the health care community will be maintained and enhanced with the funding of the California Child Care Healthline, a toll-free telephone line providing consultation on children's health and safety issues to parents and child care providers. Pediatric health professionals answer this telephone line.

Result: The California Child Care Healthline is expected to consult with over 1,600 child care providers, professionals, and organizations for children's health and safety issues. The Healthline receives 200 to 300 calls per month with the average length of each call being about 15 minutes.

X Employment services

The CDE has been actively engaged with the state Employment Development Department and the U.S. Department of Labor to build bridges between the First 5/Children and Families county commissions, the LPC, and the local Workforce Investment boards. Current discussion includes the apprenticeship standards and the importance of building a career ladder for people working in the early care and education field.

Results: The Employment Development Department has funded five pilot demonstration projects to build strong linkages between the local Workforce Investment Boards, the local LPCs and the First 5/Children and Families county commissions to support local child care projects. Examples include financial support for the child care staff retention program, and funding a new state of the art child care center in a new business industrial park in Ventura county.

X Public education

The CDE works with county offices of education, school districts, and private schools to coordinate the delivery of child care and development services throughout the State. The CDE works closely with local education agencies (LEAs) for both input and dissemination of information since school systems represent a large portion of the child care delivery system. The Desired Results child and family outcomes and the *Prekindergarten Learning and Development Guidelines* have been articulated with K-12 content standards. The CDE is developing a School Readiness Articulation project with regional training institutes to identify and address the development of local action plans for linkages between preschool programs and LEAs.

Besides the general child care and development programs that can provide for the child care needs of school age children, the CDE also offers child care contracts specifically for school-age children that are provided at or near school sites wherever possible. Other complimentary programs include the After School Education and Safety Program (ASESP) and the No Child Left Behind Act's 21st Century Community Learning Centers (21st CCLC) program. Both of these programs, while not necessarily meeting the full child care needs of families, do provide high quality before and after school educational and enrichment programs.

The ASESP encompasses the previously legislated Before- and After-School Learning and Safe Neighborhoods Partnerships Program to provide literacy and academic enrichment and to support safe, constructive alternatives for students in kindergarten through 9th grade and requires that:

- local law enforcement agencies be included as part of the local collaborative;

- computer training, fine arts and physical fitness are added as possible enrichment components; and
- programs may be in locations other than school sites.

However, funding for full implementation of ASEP will only be available in any year beyond 2004 that the State Budget is at least \$1.5 billion over the prior year's budget. In the interim, the ASEP will conform to the new programmatic requirements.

The planning and development of each local program involves collaboration among parents, youth, and representatives from schools and governmental agencies, such as city and county parks and recreation departments, community-based organizations, and the private sector. These programs provide an opportunity to merge school reform strategies with activities offered by other parts of the community to improve assistance to students and their families and to broaden the base of support for education. Grantees include LEAs; cities, counties, charter schools, or nonprofit organizations in partnership with and with the approval of a LEA.

Similarly, the 21st CCLC program provides funding to establish or expand after school programs that provide students, particularly students who attend schools in need of improvement, with academic enrichment opportunities and supportive additional services necessary to help the students meet state and local standards in the core content areas, by focusing on:

- improved academic achievement,
- enrichment services that reinforce and complement the academic program, and
- family literacy and related educational development services.

Entities eligible to apply for funding include: LEAs, cities, counties, community-based organizations, other public or private entities (which may include faith-based organizations), or a consortium of two or more of such agencies, organizations, or entities.

Results:

- Child care and development program curriculum and outcomes are aligned with the K-12 content standards.
- Before and after school programs are coordinated with local school programs.

X TANF

Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 and the California Work Opportunity and Responsibility to Kids (CalWORKs) statute (AB 1542, Chapter 270 of the Statutes of 1997), the CDE has enhanced its ongoing consultative relationships with various state and local agencies affected by the State Plan. The CDE maintains an ongoing, collaborative relationship with the CDSS, which is the state TANF agency, in order to establish consistent state policies for the purpose of achieving a

seamless system of welfare-related child care services in California. The CDSS, via the County Welfare Departments (CWDs) in all 58 counties in the State, coordinates with the Employment Development Department, which is the agency responsible for providing employment-related services in California.

At a policy level, a CalWORKs Principals Group was established and continues to meet on a regular basis to address funding, programmatic and quality issues. Participants includes management staff from:

- CDE, Child Development Division;
- CDSS, Welfare to Work Division, Child Care Programs Bureau;
- CDSS, Community Care Licensing Division; and
- Chancellor's Office of the California Community Colleges.

At the program level, the CalWORKs Child Care Advisory Group consists of representatives from the CDE, the CDSS, six representatives from the California Alternative Payment Program Association (CAPPA), six representatives from the California Welfare Directors Association (CWDA), and a representative of the Community Colleges from the Chancellor's Office. This Advisory Group meets on a regular basis to provide a statewide perspective on the local administration of CalWORKs child care. It also plays a critical role in providing input on program and policy issues and in identifying CalWORKs child care problems for possible resolution.

Result: To date, subsidized child care has been made available to every current and former CalWORKs family to support their training and/or employment.

X State Pre-K programs

The CDE has been providing a state pre-kindergarten program for over 60 years through its contracts with school districts, colleges, and private non-profit agencies, including community action agencies, and churches and other faith-based organizations. State Preschools are a part-day comprehensive developmental program for three to five year old children from low-income families. The program emphasizes parent education and encourages parent involvement. In addition to basic preschool education activities, other components include health, nutrition, social services, and staff development.

Result: State Preschool and the CDE-contracted child care and development programs have the same program standards, use the same Desired Results accountability system, and are monitored by CDE/CDD consultants.

X Head Start programs

The CDE collaborates with the California Head Start Association through the activities of the California Head Start – State Collaboration Office

(CHSSCO), that is housed within the CDE. Members of the Head Start Collaboration Office Advisory Committee, which is convened by the CDE, include representatives of:

- CDSS, Welfare to Work and Community Care Licensing Divisions;
- California Department of Health Services;
- California Department of Developmental Services;
- CDE, Child Nutrition Programs and Special Education Division;
- Head Start Quality Improvement Center (QIC) and Quality Improvement Center for Disability Services (DIS-QIC) contractors;
- Tribal and Migrant Head Start programs; and
- The California Head Start Association.

Results:

- The CHSSCO will publish and disseminate a side-by-side comparison of the state and federal program monitoring processes. Programs funded by both California and federal Head Start will use the document to prepare for monitoring reviews by both entities.
- The CHSSCO will also conduct other collaborative activities, such as organizing an oral health summit with the California Department of Health Services, the federal Department of Health and Human Services and the California Head Start Association. Summit participants will develop a State Plan to improve oral health outcomes for low-income children.

X Programs that promote inclusion for children with disabilities

Coordination with the Map to Inclusive Child Care Project began in SFY 1998-99 with a technical assistance grant designed to support a statewide initiative to expand opportunities for inclusion of children with disabilities and other exceptional needs in child care settings. Participants include representatives from Head Start and key State agencies including the CDE's Special Education Division and the California Departments of Developmental Services, Social Services, and Mental Health, and professional organizations providing support services for children with disabilities and their families. Efforts of the Map Project are also coordinated with the Community College Pilot Project fund by the First 5/Children and Families Commission and administered by WestEd. This project is working with California community colleges to establish a certificate program for early interventionists. In addition, many of the campuses are using the opportunity to explore ways to integrated meeting the needs of children with disabilities and other exceptional needs into their early childhood education classes.

The CDE has played an active role in the planning and implementation of a statewide Transfer of Knowledge symposium held on November 15, 2002. Over 400 participants from 51 counties sent local teams of experts to an all day symposium to develop and expand comprehensive local plans to include children with disabilities in all child care settings. LPC Coordinators led the effort to coordinate local teams and facilitated group

discussions. This was an interagency effort and was supported by CDE, CDSS, the Interagency Coordinating Council, Regional Centers, First 5/ Children and Families Commission, the Child Development Policy Advisory Committee, Department of Developmental Disabilities' Early Start, Head Start and parent organizations. A follow-up report and telephone survey is currently underway to determine how the research information shared at the symposium has influenced local plans. The results of the symposium will be shared with all of the major stakeholders this spring.

Expected results:

- Development of linkages among key agencies, groups, and stakeholders to increase coordination of services to better meets the needs of families and their children who have disabilities and are enrolled in child care programs;
- Identification and development of recommendations for addressing of infrastructure issues, including licensing, that are barriers to inclusion of children with disabilities in child care settings;
- Identification and dissemination of models for training, blended funding, and resource utilization that support best practices for inclusive child care; and
- Participation in efforts to revise early childhood/child development curriculum, in junction with college faculty, to support inclusion of children with disabilities.

X Others (please identify) (658D(b)(1)(D), §98.12(a), 98.14(a)(1) & (2))

1. CDE staff attend monthly meetings of the Child Development Policy Advisory Committee, a statutorily-created entity under the Governor. The State Superintendent of Public Instruction is a member of this entity, and the CDE's Director of the Child Development Division (CDD) is the Superintendent's designee. The CDE participates in various workgroups to address CCDF implementation issues.

Result: This has resulted in wider dissemination of child development information and policies on a statewide basis. The CDE also has an Interagency agreement with CDPAC to assist the CDE with LPC training and technical assistance. This agreement includes a yearly conference for LPCs.

2. The Children and Families Act of 1998, known as Proposition 10, added a 50 cent tax per pack of cigarettes and created the Children and Families First Program to allocate the revenues to corresponding state and county commissions for early childhood development programs. The CDE has established an ongoing relationship with the California Children and Families Commission, now known as the First

5 California Commission, and is formally represented at the state Commission's meetings.

Results: Partnerships have been developed at the state and local level to support accreditation, staff retention, and school readiness initiatives.

3. The CDD Director conducts a monthly "Information Sharing" session with the child care field. These sessions provide a format for the CDD to exchange information regarding program, policy, and funding updates and for the field to raise questions and issues that need to be addressed.

Result: These sessions have enhanced communication between the CDD and the child care and development field.

2.2 - Public Hearing

Describe the Statewide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan. At a minimum, the description must indicate:

- Date(s) of statewide notice of public hearing: [April 9 and 10, 2003](#)
- Manner of notifying the public about the statewide hearing:

The CDE employed two methods within the required public hearing notice timelines in order to provide a wide distribution of information regarding the proposed 2004 – 05 CCDF State Plan and the public hearing process. The public hearing notice and a brief summary of the Plan were made available at the Web address:

[<http://www.cde.ca.gov/cyfsbranch/child_development/plan.htm>](http://www.cde.ca.gov/cyfsbranch/child_development/plan.htm).

The draft of the proposed Plan was also posted on the CDE Internet website.

A separate announcement of public hearing locations, dates and times, together with the summary of the Plan and notification of the Web address for the complete draft Plan was sent to the following:

- Resource and Referral agencies;
- Local Child Care and Development Planning Councils;
- CDD direct service contractors;
- County Welfare Departments CalWORKs Child Care Coordinators;
- County Offices of Education;
- School districts;
- Tribal organizations;
- Community college early childhood education departments;
- State and county First 5/Children and Families Commissions;
- Early Start Programs;
- Head Start grantees within California;
- Parent Teacher Association district offices;

- Public universities and colleges;
 - Child development professional organizations;
 - Educational organizations; and
 - A list of other interested parties.
- Date(s) of public hearing(s): May 15, 19, 20, and 21, 2003
 - Hearing site(s): Alameda, Fresno, Los Angeles, and Sacramento counties

May 15, 2003: Los Angeles County Department of Public Works
900 S. Fremont Avenue
Alhambra

May 19, 2003: CA Department of Education - Room 1101
1430 N Street
Sacramento

May 20, 2003: Fresno Unified School District - Center for Professional Development
1833 E Street, Room 116
Fresno

May 21, 2003: Alameda County Office of Education - Room 380
313 Winton Avenue
Hayward

- How the content of the plan was made available to the public in advance of the public hearing(s) (658D(b)(1)(C), §98.14(c)):

The draft of the complete proposed Plan was posted on the CDE Internet website at http://www.cde.ca.gov/cyfsbranch/child_development/plan.htm. The public hearing notice and a brief summary of the Plan were also made available on the website. Announcements of the 2004-05 CCDF State Plan Public Hearing dates and locations also included an invitation to submit comments via mail, fax or e-mail for those persons who reviewed the draft 2004-05 Plan and were unable to attend one of the public hearings.

2.3 - Public-Private Partnerships

- Describe the activities, including planned activities, to encourage public-private partnerships that promote private-sector involvement in meeting child care needs, including the results or expected results. (658D(b)(1), §98.16(d)):

The State has a wide range of public-private partnerships.

2.3.1 Child Care Initiative Project

The Child Care Initiative Project was created in 1985 to address the shortage of licensed, quality family child care in California. The Initiative is conducted by the nonprofit California Child Care Resource and Referral Network through State and

federally funded R&R agencies throughout the State. State General Funds are matched on a 2-1 basis with private corporate or foundation funds. The Initiative funds are used to implement a five-stage family child care supply building process. This process includes:

- Assessing local supply and demand for child care services to target specific geographic areas in need of additional services;
- Recruiting interested individuals who have the potential to become licensed family child care providers;
- Training these individuals to provide quality care and to manage a small business effectively;
- Providing technical assistance to help them get licensed and begin operation; and
- Providing on-going support so the providers will stay in operation.

Expected results: The number of licensed family child care homes will be increased, creating at least 2,000 new child care slots.

2.3.2 Program for Infant/Toddler Caregivers

This is a comprehensive, multi-media program for trainers of infant/toddler caregivers. The Program for Infant/Toddler Caregivers (PITC) has been developed and is being implemented through a long-term collaborative partnership between the CDE and WestEd to improve the quality and quantity of child care services for children from birth to three years of age. WestEd is a non-profit research, development and service agency dedicated to improving education and other opportunities for children, youth and adults and serving as the regional education laboratory for Arizona, California, Nevada and Utah. Funds used to develop the PITC included State General Fund carryover dollars, WestEd funds, and grants from several private foundations including the Carnegie Foundation, Ford Foundation and Irving Harris Foundation. PITC training materials are jointly owned by the CDE and WestEd. Proceeds from the sale of the products are used by the PITC to update existing materials, create additional training resources, and support training activities. CCDF dollars are used in California to support annual training of new trainers and to conduct graduate seminars for endorsed PITC trainers every two years. On-line support of PITC training participants and graduates is also provided through an Internet distribution list and a website that includes current articles, *PowerPoint* presentation, copies of all the materials used in the institutes, list of certified trainers, and other pertinent resources. Recently, several of the First 5/Children and Families county commissions have contracted with WestEd to provide additional training and technical assistance in their counties to improve the quality of services for infants and toddlers in child care settings. Approximately 15 other States and the Migrant Early Head Start programs have also received the benefit of the PITC training over the past several years.

Expected results: Development and maintenance of a comprehensive statewide system for improving the quality of services for children from birth to three years of age in child care settings.

2.3.3 Training on Building Private-Public Partnerships

To facilitate private-public partnerships, the CDE sponsored a one-day conference with Dr. Abby Thorman and Margaret Blood for all LPCs. This effort will position LPCs, as

funded representatives of the Lead Agency, to be better able to form partnerships in their local communities.

Expected results: Over 270 LPC Coordinators, members, and key stakeholders attended the one-day conference. Materials were distributed which will serve as examples for expanding Private-Public Partnerships at the local level.

2.3.4 Child Care Apprenticeship Standards

The CDE has been actively engaged with the staff from the First 5/Children and Families Commission, Employment Development Department, and the Department of Industrial Relations to develop child care apprenticeship standards for California that are based on the Child Development Permit Matrix, a career ladder approach. The program is designed to increase the number of trained professionals working in the field.

Expected results: The Federal campaign to promote and expand apprenticeship in the child care field through the National Apprenticeship Program will bring new resources to the child care field. The apprentice will earn a certificate of completion of apprenticeship recognized throughout the United States and internationally.

2.3.5 Facilities Loan Guarantee and Direct Loan Fund Programs

California has implemented loan guarantee and direct loan programs to obtain, maintain, or expand child care facilities. These programs are the result of collaborative efforts between the CDE, the Department of Housing and Community Development, and various banks. The programs provide either a loan guarantee in an amount up to 80 percent of the loan or a direct loan in an amount of up to 50 percent of the cost to be financed.

Results: As of spring 2003, there were:

- Six loans guaranteed at 80 percent for \$2.1 million, that created 181 new child care spaces, retained 695 spaces, created 29 new child care jobs, and retained 135 jobs; and
- Seventeen direct loans for \$11.3 million, that created 1,145 new child care spaces, retained 330 spaces, created 180 new child care jobs, and retained 66 jobs.

2.3.6 Other Public-Private Partnerships

- (a) A series of community-based in-service training sessions on the CDE's recently published *Prekindergarten Learning and Development Guidelines* are being held throughout the State. The CDE/CDD has contracted with RISE Learning Solutions to produce this nine-hour course. The training program is divided into three training sessions of three hours each. Each training session consists of two hours of interactive satellite broadcast and one hour small group interaction with a local facilitator. The California Association for the Education of Young Children (CAEYC) is providing overall project supervision and administration.

Expected results: Approximately 9,500 participants and facilitators will participate in nine hours of in-service training on three new topics from the *Prekindergarten Learning and Development Guidelines*.

- (b) Eight public television stations in Eureka, Fresno, Los Angeles, Sacramento, San Diego, San Francisco, San Jose, and Redding provide training for family child care providers and parents via the Public Broadcasting Preschool Education Project, California's *Ready to Learn* Partnership. A network of trainers provides information on how to use television appropriately in the education of young children. Funding partners include the national PBS *Ready to Learn* and various First 5/Children and Families county commissions.

Expected results: Approximately 2,500 family child care providers and parents will receive training, impacting over 90,000 children.

- (c) *The Quality Child Care Initiative (QCCI)* is a collaborative effort of the San Francisco Bay Area Early Childhood Funders (ECF) group. The group is an informal affiliation of approximately 35 foundations, donors, and corporations, with a common interest in funding projects that support young children and their families. The funders meet quarterly to broaden their knowledge of the early childhood field and share insights, grantmaking opportunities, and informational resources. The overarching goal of QCCI is to bring additional focus and support to local Bay Area efforts directed at increasing the availability and quality of child care for low-income working families and their children from birth to age twelve.

The QCCI Leadership Team, comprised of representatives of The San Francisco Foundation, the David and Lucile Packard Foundation, the Miriam and Peter Haas Fund, and the Trio Foundation, directs the Initiative. The San Francisco Foundation Community Initiative Fund serves as the Initiative's fiscal sponsor. Other funders include: Jenifer Altman Foundation, California Endowment, W. Clement and Jessie V. Stone Foundation, East Bay Community Foundation, David B. Gold Foundation, Carol P. Guyer, Evelyn and Walter Haas Jr. Fund, Walter and Elise Haas Fund, Luke B. Hancock Foundation, Hearst Foundation, Hellman Family Fund, Marin Community Foundation, Morris Family Foundation, Peninsula Community Foundation, The San Francisco Department of Children, Youth and Families, The Tara Fund, The United Way of the Bay Area, Wood Kaufman Family Trust, and individual anonymous donors. The CDE has been involved in several mutual projects with the QCCI, including the development of waiting list systems, known as centralized eligibility lists (CELs).

Results: In 2002, QCCI sponsored five regional CEL meetings to facilitate sharing of information regarding CELs between planning and implementing counties. QCCI also maintains a CEL website, providing CEL information on the status of each county and resources.

PART 3 -- CHILD CARE SERVICES OFFERED

Section 3.1 - Description of Child Care Services

REMINDER: The Lead Agency must offer certificates for services funded under 45 CFR 98.50. (98.30) Certificates must permit parents to choose from a variety of child care categories, including center-based care, group home care, family child care and in-home care. (§98.30(e))

3.1.1 In addition to offering certificates, does the Lead Agency also have grants or contracts for child care slots?

☐ No.

☒ Yes, and the following describes the types of child care services, the process for accessing grants or contracts, and the range of providers that will be available through grants or contracts: (658A(b)(1), 658P(4), §§98.16(g)(1), 98.30(a)(1) & (b))

A full range of child care and development services is available throughout the State through direct service contracts with centers and family child care home networks, and certificate programs [Alternative Payment Programs (APPs) and County Welfare Departments (CWDs)]. Certificate programs (including CWDs) provide access to a full range of child care providers including centers; family child care homes; large family child care homes; and license-exempt care in the home of a relative, in the home of a friend, or in the child's own home. Agencies that wish to contract to provide child care and development services can sign up on the California Department of Education (CDE) website under "Funding Opportunities" and be placed on a mailing list to be notified of new postings.

3.1.2 The Lead Agency must allow for in-home care but may limit its use. Does the Lead Agency limit the use of in-home care in any way?

☐ No.

☒ Yes, and the limits and the reasons for those limits are (§§98.16(g)(2), 98.30(e)(1)(iv)):

In-home care is limited by state regulations for license-exempt care and to situations where there is a sufficient number of children requiring payment for care to ensure that the Federal wage laws are met as specified in the grant approval letter received in October 1997 from the Administration for Children and Families.

3.1.3 Are all of the child care services described in 3.1.1 above (including certificates) offered throughout the State? (658E(a), §98.16(g)(3))

☒ Yes

☐ No, and the following are the localities (political subdivisions) and the services that are not offered:

Section 3.2 - Payment Rates for the Provision of Child Care

The statute at 658E(c)(4) and the regulations at §98.43(b)(1) require the Lead Agency to establish payment rates for child care services that ensure eligible children equal access to comparable care. These rates are provided as Attachment [A](#). The attached payment rates are effective as of [October 1, 2003](#).

The following is a summary of the facts relied on by the State to determine that the attached rates are sufficient to ensure equal access to comparable child care services provided to children whose parents are not eligible to receive child care assistance under the CCDF and other governmental programs. Include, at a minimum:

- The month and year when the local market rate survey(s) was completed: [January 2002](#). (§98.43(b)(2)) A copy of the Market Rate Survey instrument and a summary of the results of the survey are provided as Attachment [B](#).
- How the payment rates are adequate to ensure equal access based on the results of the above noted local market rate survey (i.e., the relationship between the attached payment rates and the market rates observed in the survey): (§98.43(b))

[In conducting the state regional market rate survey of licensed centers and family child care homes, the rate data by enrollment was weighted to reflect the number of children a provider serves at each rate. The reimbursement ceilings, thus, reflect child care slots and not child care providers. Provision 7\(c\) of item 6110-196-0001 of the Budget Act of 2003 required the CDE to change the ceiling to which child care providers may be reimbursed to the 85th percentile of the market survey of providers offering the same type of child care for the same age child. Therefore, subsidized families has access to 85 percent of the child care market in their area. Full-time in-home and license-exempt ceilings were calculated by applying an adjustment factor of .90 to the full-time family child care home ceiling.](#)

- Additional facts that the Lead Agency relies on to determine that its payment rates ensure equal access include: (§98.43(d))

[none](#)

- If the payment rates do not reflect individual rates for the full range of providers -- center-based, group home, family and in-home care -- explain how the choice of the full range of providers is made available to parents.

[NA](#)

Section 3.3 - Eligibility Criteria for Child Care

By statute, all eligible children must be under the age of 13, or under age 19 if physically or mentally incapable of self-care, or under court supervision, and reside with a family whose income does not exceed 85% of the State Median Income (SMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program or who receive or need to receive protective services. (658E(c)(3)(B), 658P(3), §98.20(a))

3.3.1 Complete column (a) in the matrix below. Complete Column (b) ONLY IF the Lead Agency is using income eligibility limits lower than 85% of the SMI).

IF APPLICABLE

Family Size	(a) 85% of State Median Income (SMI) (\$/month)	(b) Income Level, lower than 85% of SMI, if used to limit eligibility	
		\$/month	% of SMI
1	3,094	2,730	75
2	3,094	2,730	75
3	3,315	2,925	75
4	3,683	3,250	75
5	4,273	3,770	75

The Lead Agency uses the State Median Income (SMI) of the year [1998](#).

If applicable, the date on which the eligibility limits detailed in column (b) became effective: [September 1, 2000](#).

3.3.2 How does the Lead Agency define “income” for the purposes of eligibility? Is any income deducted or excluded from total family income, for instance, work or medical expenses; child support paid to, or received from, other households; Supplemental Security Income (SSI) payments? Is the income of all family members included, or is the income of certain family members living in the household excluded? Please describe and/or include information as Attachment [NA](#). (§§98.16(g)(5), 98.20(b))

[Income counted to determine eligibility includes all sources of income to the family except:](#)

- [Earnings of a child under age eighteen years;](#)

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- Loans, grants, and scholarships obtained under conditions that preclude their use for current living costs;
 - Grants or loans to students for educational purposes made or insured by a state or federal agency;
 - Allowances received for uniforms or other work required clothing, food and shelter;
 - Business expenses for self-employed family members; and
 - Income of a recipient of federal supplemental security income benefits pursuant to Title XVI of the Federal Social Security Act (42 U.S.C. § 1381 et seq.) and state supplemental program benefits pursuant to Title XVI of the Federal Social Security Act and Chapter 3 (commencing with § 12000) of Part 3 of Division 9 of the *Welfare and Institutions Code*.

According to California *Education Code* § 8263.1(a) a family is “income eligible” if a family’s adjusted monthly income is at or below 75 percent of the SMI, adjusted for family size, and adjusted annually.

- 3.3.3 Has the Lead Agency established additional eligibility conditions or priority rules, for example, income limits that vary in different parts of the State, special eligibility for families receiving TANF, or eligibility that differs for families that include a child with special needs? (658E(c)(3)(B), §98.16(g)(5), §98.20(b))

☒ No
☐ Yes, and the additional eligibility criteria are: (Terms must be defined in Appendix 2)

- 3.3.4 Has the Lead Agency elected to waive, on a case-by-case basis, the fee and income eligibility requirements for cases in which children receive, or need to receive, protective services, as defined in Appendix 2? (658E(c)(3)(B), 658P(3)(C)(ii), §98.20(a)(3)(ii)(A))

☐ Not Applicable, CCDF-funded child care is not provided in cases in which children receive, or need to receive, protective services.
☐ No
☒ Yes

- 3.3.5 Does the Lead Agency allow child care for children above age 13 but below age 19 who are physically and/or mentally incapable of self-care? (Physical and mental incapacity must then be defined in Appendix 2.) (658E(c)(3)(B), 658P(3), §98.20(a)(1)(ii))

☐ No
☒ Yes, and the upper age is 18.

- 3.3.6 Does the Lead Agency allow child care for children above age 13 but below age 19 who are under court supervision? (658P(3), 658E(c)(3)(B), §98.20(a)(1)(ii))

☒ No

☐ Yes, and the upper age is ____.

- 3.3.7 Does the State choose to provide CCDF-funded child care to children in foster care whose foster care parents are not working, or who are not in education/training activities? (§§98.20(a)(3)(ii), 98.16(f)(7))

☐ Yes. (**NOTE:** This means that for CCDF purposes the State considers these children to be in protective services.)

☒ No.

- 3.3.8 Does the State choose to provide respite child care to children in protective services? (§§98.16(f)(7), 98.20(a)(3)(ii)(A) & (B))

☒ Yes; on referral from a licensed professional only.

☐ No.

Section 3.4 - Priorities for Serving Children and Families

- 3.4.1 The following describes the priorities for serving CCDF-eligible children including how priority required by the statute is given to children of families with very low family income and children with special needs: (Terms must be defined in Appendix 2) (658E(c)(3)(B))

First Priority – Families whose children are receiving child protective services or families whose children are at risk of being neglected, abused, or exploited. Within this priority, children receiving protective services through the local CWD shall be admitted first.

Second Priority – Families with the lowest per capita income. Within this group, if there are two or more families with comparable per capita income, the family with a child with exceptional needs will be served first. If two or more families with comparable per capita income have children with exceptional needs, the family that has been on the waiting list the longest will be enrolled first. Within this group, if there are two or more families with comparable per capita income and there is no family with a child with exceptional needs, the family that has been on the waiting list the longest will be enrolled first.

Notwithstanding the above, in order to assure continuous child care services as a family moves through the CalWORKs stages (see §3.4.2 below), once a family begins receiving child care in any of the CalWORKs stages that family is assured services as it transitions between stages of CalWORKs child care.

- 3.4.2 The following describes how CCDF funds will be used to meet the needs of families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off of TANF through work activities, and those at risk of becoming dependent on TANF. (658E(c)(2)(H), Section 418(b)(2) of the Social Security Act, §§98.50(e), 98.16(g)(4))

California passed welfare reform legislation in 1997. This legislation created the California Work Opportunity and Responsibility to Kids (CalWORKs) program effective January 1, 1998. It replaced the State's Aid to Families with Dependent Children program.

In regards to child care, the CalWORKs program was intended to ensure that recipients of aid, and former recipients who left aid for employment, are connected as soon as possible to local child care resources. The legislation created three stages of child care services through which a CalWORKs participant would pass. Families are not to experience any break in service due to a transition among the three stages of CalWORKs child care.

The California Department of Social Services (CDSS) administers Stage 1 through CWDs. The first stage begins upon entry of a family into the CalWORKs program. Eligibility for child care services continues as long as the family continues to receive aid and for up to 24 months after the CalWORKs recipient leaves cash aid. CWDs refer families to a resource and referral (R&R) agency to assist them in finding child care providers.

Stages 2 and 3 of CalWORKs child care programs are administered by the CDE through its APP (certificate program) mode. The CWD will move recipients of aid to Stage 2 as quickly as possible after it determines that the recipient's situation is stable, as defined by each county.

After a CalWORKs recipients leaves cash aid, he/she may receive child care services for up to 24 months in Stage 1 and/or Stage 2; or until otherwise ineligible within that 24-month period.

CalWORKs Stage 3 child care begins when the family has exhausted its 24 months eligibility after leaving cash aid.

- 3.4.3 The following describes how the Lead Agency addresses situations in which funding is not sufficient to serve all families that are technically eligible under State policies:

There are a number of communities in the state in which the funding is not sufficient to serve all eligible families. Each contracted direct service provider and APP keeps a waiting list of eligible families seeking their services. The waiting list process is controlled by state regulations. Refer to §3.4.1 for priorities for families to access the system.

Section 3.5 - Sliding Fee Scale for Child Care Services

- 3.5.1 A sliding fee scale, which is used to determine each family's contribution to the cost of child care, must vary based on income and the size of the family. A copy of this sliding fee scale for child care services and an explanation of how it works is provided as Attachment [C](#).

The attached fee scale is effective as of [September 1, 2000](#).

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Will the Lead Agency use additional factors to determine each family's contribution to the cost of child care? (658E(c)(3)(B), §98.42(b))

☒ No.

☐ Yes, and the following describes any additional factors that will be used to determine a family's contribution including, but not limited to, a maximum amount (family cap), number of children in care, cost of care, and/or whether care is full or part-time:

3.5.2 Is the sliding fee scale provided in the attachment in response to question 3.5.1 used in all parts of the State? (658E(c)(3)(B))

☒ Yes

☐ No, and other scale(s) and their effective date(s) are provided as Attachment __.

3.5.3 The Lead Agency may waive contributions from families whose incomes are at or below the poverty level for a family of the same size, (§98.42(c)), and the poverty level used by the Lead Agency for a family of 3 is: \$ 1,950.

The Lead Agency must elect ONE of these options:

☒ ALL families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee.

☐ ALL families, including those with incomes at or below the poverty level for families of the same size, ARE required to pay a fee.

☐ SOME families with income at or below the poverty level for a family of the same size ARE NOT required to pay a fee. A description of these families is:

3.5.4 Does the Lead Agency have a policy that prohibits child care providers from charging families any unsubsidized portion of the providers' normal fees (in addition to the contributions discussed in 3.5.1)? (§98.43(b)(3))

☒ No

☐ Yes, please describe:

3.5.5 The following is an explanation of how the copayments required by the Lead Agency's sliding fee scale(s) are affordable: (§98.43(b)(3))

The copayments are considered affordable as they fall beneath 10 percent of a family's earned income for all levels of child care services.

Section 3.6 - Certificate Payment System

A child care certificate means a certificate, check, or other disbursement that is issued by the Lead Agency directly to a parent who may use it only to pay for child care services from a variety of providers including community and faith-based providers (center-based, group home,

family and in-home child care), or, if required, as a deposit for services. (658E(c)(2)(A)), 658P(2), §§98.2, 98.16(k), 98.30(c)(3) & (e)(1))

Describe the overall child care certificate payment process, including, at a minimum:

3.6.1 A description of the form of the certificate: (§98.16(k))

Local certificate programs, including APPs and CWDs, are allowed to determine the exact form(s) of the certificate as long as the certificates are provided directly to the parent, allow broad parental choice including sectarian and in-home providers, carry the value of the care selected by the parent (up to the applicable payment ceilings), and can be used as flexibly as cash between the parent and the provider; and the program ensures prompt issuance of the certificate and timely and accurate reimbursement to either the parent or the provider of child care services while discouraging fraud and abuse. A copy of a sample certificate is included as Attachment D.

3.6.2 A description of how the certificate program permits parents to choose from a variety of child care settings by explaining how a parent moves from receipt of the certificate to the choice of provider: (658E(c)(2)(A)(iii), 658P(2), §§98.2, 98.30(c)(4) & (e)(1) & (2))

When parents are enrolled by a certificate program, they are asked if they have selected a child care provider. If they have not selected a child care provider, they are referred to the local R&R agency. (In many counties, the certificate program and the R&R program are operated by the same agency.) The R&R agency provides counseling on how to select a child care provider that best meets the family's needs and a list of providers that meet these needs and that the parent can visit. Once the parent has identified a provider, the certificate program works with the provider to determine the provider's fee for the services that the family is eligible to receive. The certificate program then compares the provider's fee with the appropriate market rate ceiling to determine if the parent will need to pay an amount to cover any cost above the regional market rate ceiling. The provider is informed about the certificate program's policies and procedures for receiving invoices and processing payments. The provider is required to provide the certificate program with evidence of licensure or, if the provider is license-exempt, he/she must submit a TrustLine Application with fingerprints and a Health and Safety Self-Certification that is signed by both the parent and the provider.

3.6.3 If the Lead Agency is also providing child care services through grants and contracts, explain how it ensures that parents offered child care services are given the option of receiving a child care certificate. (§98.30(a) & (b))

When parents place their name on a waiting list for child care services, they are expressing their choice for selecting the type of care that best meets the needs of the family. At the present time in most counties, parents can place their name on multiple waiting lists, including those for direct service programs and certificate programs. If a family has placed its name on multiple waiting lists and its name comes up on a direct service program waiting list first, the family can elect to enroll

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their child in the direct service program and remain on the certificate program waiting list, or the family can decline to enroll their child in the direct service program and wait for their name to come up on the certificate program's waiting list.

In state fiscal year (SFY) 2002-03, of the federal funding (direct CCDF plus TANF Transfer) for direct child care services, approximately 89 percent of the \$884.6 million was expended through contracts with APP agencies, i.e., certificate programs. The remaining 11 percent was expended through contracts with direct service providers.

PART 4 - PROCESSES WITH PARENTS

4.1 The following describes the process for a family to apply for and receive child care services (658D(b)(1)(A), 658E(c)(2)(D) & (3)(B), §§98.16(k), 98.30(a) through (e)). If the process varies for families based on eligibility category, for instance, TANF versus non-TANF, please describe. The description should include:

- How parents are informed of the availability of child care services and about child care options;
- Where/how applications are made;
- Who makes the eligibility determination;
- How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4; and
- Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs.
- Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.

4.1(a) *How parents are informed of the availability of child care services and about child care options:*

California maintains a large system of approximately seventy resource and referral (R&R) agencies that are located in every county of the State. In large urban counties, multiple R&R agencies are funded. For example, Los Angeles County has ten R&R agencies.

In addition, the California Child Care Resource and Referral Network maintains a statewide toll-free telephone number (1-800-KIDS 793) that automatically provides the caller with the phone number of the local R&R agency when the caller provides his/her zip code.

A primary role of the R&R programs is to maintain an updated file of all licensed child care programs (centers and family child care homes) in their service delivery area. The R&R programs also maintain records of license-exempt providers who have received TrustLine clearance to assure parents that these providers do not have a history of criminal activities or child abuse or neglect. When a parent calls an R&R agency seeking information about child care choices available to them, he/she is counseled about how to select the most appropriate care to meet the family's needs. At that time, he/she is given a list of several child care providers of the types and in the locations (whether near home, work or place of training) in which he/she has indicated an interest. Parents are given advice about the types of questions to ask their families' potential child care providers, and what they should look for as indicators of quality child care services. Parents may be given written consumer education materials or provided an opportunity to view a video regarding the selection of a child care provider. Parents are also advised regarding the types of subsidized child care and development programs for which their families may be

eligible and how to access those programs. R&R program services are available to all families, regardless of the family's income or need for child care.

When a family enters CalWORKs, the County Welfare Department (CWD) refers the family to a local R&R agency to assist them in finding child care. These services are co-located in or are directly accessible from the CWD office.

4.1(b) *Where/how applications are made:*

When a family contacts a subsidized child care and development program either in person or by telephone, the family is asked a series of questions to determine the subsidized child care programs or which the family may be eligible. Based on the information provided, if the family is eligible and space is available, the family is enrolled. If no space is available, the family is placed on an eligibility-waiting list and enrolled in the order of priorities for enrollment as spaces become available. A family's enrollment is subject to completion of an application, including verification of income and need. In the case of CalWORKs families, funding is available to provide immediate services without waiting.

4.1(c) *Who makes the eligibility determination:*

The direct service contractor or the Alternative Payment Program (APP) makes the eligibility determination based on the written documentation that verifies that the family meets both income eligibility and need criteria for subsidized child care services.

4.1(d) *How parents who receive TANF benefits are informed about the exception to individual penalties as described in 4.4:*

In accordance with the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) §42-711.522, counties must, prior to or at CalWORKs appraisal, provide clients with specified information, in writing, regarding CalWORKs Welfare-To-Work. The information must include the "good cause" criteria in MPP §42-713, which excuses a recipient from participation in Welfare-to-Work activities for lack of necessary supportive services, including the lack of appropriate and/or available child care.

4.1(e) *Length of eligibility period including variations that relate to the services provided, e.g., through collaborations with Head Start or pre-kindergarten programs:*

Once certified as eligible and enrolled, families can remain in the program as long as they continue to meet all eligibility and need criteria, are within the ages served, and their family income does not exceed 75 percent of the State Median Income (SMI).

Contractors must update a family's application to document continued need and eligibility and determine any change to fee assessment as follows:

1. For changes:

- a. For migrant and other seasonally employed families, the application shall be updated within thirty days whenever there is a change in family size or need, or if need is based on training or incapacity of the parent.
 - b. For all other families, the application shall be updated within thirty days whenever there is a change in family size, income, public assistance status, or need.
2. For periodic recertification:
- a. For families receiving services because of the risk of or actual abuse, neglect, or exploitation, at least every six months.
 - b. For all other families, at least once each contract period and at intervals not to exceed twelve months.

4.1(f) *Any steps the State has taken to reduce barriers to initial and continuing eligibility for child care subsidies.*

During the past 60 years, the California Department of Education (CDE) has reduced barriers to initial and continuing eligibility, as described in §4.1(e) above. With the changes in the late 1990s brought about by PRWORA, TANF, state CalWORKs, new barriers arose. Regulations were written by the CDSS for CalWORKs Stage 1 families and by the CDE for CalWORKs Stages 2 and 3 families to provide clarification and to minimize barriers.

4.2 The following is a detailed description of how the State maintains a record of substantiated parental complaints and how it makes the information regarding such parental complaints available to the public on request. (658E(c)(2)(C), §98.32))

4.2(a) Complaints against Licensed Centers and Family Child Care Homes:

1. The provider is required to notify parents of the process for filing a complaint with the CDSS' Community Care Licensing Division (CCLD). The CCLD is responsible for all complaints regarding licensing law or regulation requirements, pursuant to the *California Health and Safety Code* and the *California Code of Regulations*, Title 22. The CCLD investigates complaints and maintains a record of substantiated complaints that is available to the public upon request.
2. In programs operated by school districts, if a parent has a complaint regarding program operations not covered by licensing requirements, the parent must utilize the Uniform Complaint Procedure established by the school district. Records of substantiated complaints are kept by the school district.
3. In programs operated by entities other than school districts, parent may file complaints regarding program operations not covered by licensing requirements with the CDE Child Development Division (CDE/CDD). The parent must utilize the Uniform Complaint Procedure established by the CDE/CDD. Records of these parental complaints are maintained at the CDD.

4.2(b) Complaints against Licensed-Exempt Providers:

Certificate programs are required to maintain a record of parental complaints concerning a license-exempt provider's failure to meet the health and safety standards as specified in the Health and Safety Self-Certification that is completed by the parent and the license-exempt provider. These complaints shall be deemed to be substantiated solely by the parent's written declaration. The written declarations shall include the nature and address of the provider about whom the complaint is made, and shall be signed by the parent. The certificate program shall inform the license-exempt provider of the parent's complaint and inform the provider of their right to submit a written rebuttal.

Upon a request about a specific license-exempt provider, the certificate program shall inform the requestor of the general nature of the complaint and whether or not the provider submitted a rebuttal.

Upon receipt of a complaint, the certificate program must notify the parent and the provider that payments will cease in fourteen days unless a written declaration signed by both parties has been received by the certificate program stating that the health and safety deficiency has been corrected. The certificate program will also advise parents that serious health and safety concerns should be referred to the appropriate child protection unit of the CWD.

- 4.3 The following is a detailed description of the procedures in effect in the State for affording parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B), §98.31))

Licensed child care providers (centers and family child care homes) are required by statute and regulation to have written admission policies that, among other things, inform parents of their right to unlimited access to their children whenever their children are in the care of the provider. For license- exempt providers, the providers and parents are both required to sign a Health and Safety Self-Certification which includes a statement regarding the parent's right to unlimited access to their children while they are in the provider's care.

- 4.4 The regulations at §98.33(b) require the Lead Agency to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care:

NOTE: The TANF agency, not the Child Care Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record. The TANF agency that established these criteria or definitions is: [California Department of Social Services](#).

- "appropriate child care":

Appropriate child care is defined as child care chosen by the parent that meets the needs of the child and parents and is either licensed for the appropriate age group or special needs category, or is license-exempt and meets TrustLine requirements unless the child care arrangement is exempt from the TrustLine requirements.

- "reasonable distance":

Reasonable distance is defined as the distance customarily traveled by working families in accessing child care in the community.

- "unsuitability of informal child care":

Informal child care is unsuitable when the caregiver cannot be TrustLined in accordance with the TrustLine regulations or would otherwise be denied payment for child care services that are exempt from licensure because of a violent felony conviction.

- "affordable child care arrangements":

Affordable child care is child care where the cost to the family does not exceed the regional market rate plus family fees established by the state in accordance with the family fee schedule.

PART 5 - ACTIVITIES & SERVICES TO IMPROVE THE QUALITY AND AVAILABILITY OF CHILD CARE

California's commitment to early childhood education and child development spans six decades. Quality child development programs have been continuously available to children and families in California since the passage of the federal Lanham Act in 1943. *The Bulletin of the California State Department of Education*, Volume XI, No. 1, January 1943, states, "The preschool unit serves the child during one of the most important periods of his development. It helps him to learn about his world; to develop more skillful use of his body; to work with people, both children and adults; to acquire appreciation of music, rhythm, color, form, literature; to develop sound attitudes; and to acquire increasingly better control of his emotions and behavior." (p. 33)

California continues to promote a positive child and family-focused philosophy. Service to low-income families remains a priority and state program goals demand that high-quality child development programs and services be made available. Child care and development programs have existed and been administered by various state agencies since 1946. In 1972, with the enactment of the Child Development Act, these programs were combined under the administrative authority of the California Department of Education (CDE).

California has also held a strong commitment to the maintenance of basic health and safety standards in group-care settings. The first licensing law was enacted in 1913. The State Board of Charities and Corrections had investigatory and reporting powers with regard to all public charitable, correctional and penal institutions. Licensing responsibilities became part of the *Health and Safety Code* in 1945, and in 1978 licensing responsibilities for all Community Care Facilities were transferred to the new California Department of Social Services (CDSS).

From 1991 to 2001, the state was engaged in a major expansion of child care and development services as a result of both state and federal legislation, notably the Child Care and Development Block Grant (CCDBG) and the Temporary Assistance to Needy Families. These expansion efforts have significantly increased both the quantity and variety of state and federally subsidized programs throughout California. The state is currently challenged to maintain the activities and services that have improved quality and availability in the face of an extreme budget shortfall.

During the first two years that CCDBG funds were available, emphasis was placed on funding successful existing programs including resource and referral agencies, the Child Development Training Consortium, the Program for Infant/Toddler Caregivers, and the California Early Childhood Mentor Program. Additional focus areas have demonstrated importance in succeeding years, including attention to issues of health and safety resource development and training, facilitation and linkage with local communities, and response to legislative mandates. These fit within the guiding principles of:

- Do not duplicate existing resources;
- Address unmet needs;
- Address emerging issues;
- Support statewide access; and
- Maximize and leverage additional public and private resources to enhance the overall professional development of the field.

With the increased interest in the effectiveness of early education, the CDE's Child Development Division (CDD) has revised its approach to evaluating its child care and development system to focus on the results desired from the system. This *Desired Results for Children and Families* system is compatible with CDE's standards and accountability system for elementary and secondary education. The system documents the progress made by children and families in achieving desired results, and provides information to help practitioners improve their child care and development services. Children's progress is documented by the Desired Results Developmental Profiles, a developmental continuum used to measure the progress of children from birth to age fourteen.

In addition, the *Prekindergarten Learning and Development Guidelines* have been developed by the CDD to focus on preparation of four and five year old children for kindergarten. Emphasis is placed on identification of appropriate developmental milestones, assessment of children, and methods for achieving the milestones. The *Prekindergarten Learning and Development Guidelines* were written to articulate with the academic content and performance standards for grades K-12. A curriculum based on the *Prekindergarten Learning and Development Guidelines* is being developed to assist practitioners with classroom activities and support materials. The curriculum will focus on key learning experiences and address the need to support teachers at beginning, intermediate and advanced levels. The curricular guide will be published in fall 2004. Also, an adaptation of the *Prekindergarten Learning and Development Guidelines* is being developed to address the needs of children served in family child care homes and license-exempt settings.

The proposed Quality Improvement Plan for 2003–2005 includes the federal mandates for infant/toddler capacity building, resource and referral programs, and school-age capacity building. It also includes the continuation of California's existing infrastructure for quality activities, the intent to develop and produce materials in languages other than English, and the addition of several innovative new activities. Within each section, activities that receive federal funding will be organized using the federal state plan numbering system. Each activity in this plan that includes state funding will be identified using two asterisks "**".

5.1 - Quality Earmarks and Set-Asides

- 5.1.1 The Child Care and Development Fund provides earmarks for infant and toddler care and school-age care and resource and referral services as well as the special earmark for quality activities. The following describes the activities; identifies the entities providing the activities; and describes the expected results of the activities.

Infants and toddlers:

5.1.1.1(a) Program for Infant/Toddler Caregivers (PITC)

The Program for Infant/Toddler Caregivers (PITC), a comprehensive multi-media training program for trainers of infant/toddler caregivers, is presented in four separate modules for approximately 60 participants per module. The institutes cover the topics of social-emotional development, quality group care, cognitive and language development, and cultural and family issues. Participants usually include program administrators, college faculty, early interventionists, and other professionals who provide training for caregivers. Participants receive copies of all PITC curriculum guides, training manuals, and other print resource materials. They may purchase the

videos at discounted prices. Participants who complete the modules and related course work receive certificates that recognize them as certified PITC trainers. Certified trainers who receive scholarships will be required to conduct a minimum of twenty-five hours of training in their local area during the following two years using the PITC materials. After completion of the local training requirement, these trainers are eligible to become trainers in the PITC Regional Support Network and receive compensation for providing training in accordance with the policies of that project. Certified trainers may also receive scholarships to attend an annual graduate conference that will focus on new and updated information relative to PITC content and training activities. Additional scholarships will be provided for endorsed trainers to attend the annual PITC graduate conference.

Expected results: Approximately 100 to 140 individuals will receive the PITC training each year. Approximately 65 to 75 percent of them will become certified and provide 3,000 hours of training in the two years after completing the certification requirements, expanding the quality of care to infants and toddlers. Approximately 75 endorsed trainers will attend the annual PITC graduate conference.

5.1.1.1(b) Infant Toddler Specialists for Healthline

Funds will be allocated to continue to support the presence of an infant/toddler specialist to respond to inquiries from potential, new, and existing family child care, license-exempt, and center-based providers related to health and developmental issues for children from birth to three years of age. An infant health specialist will continue to be available to Healthline service providers and callers. This specialist will provide guidance about health issues in infant and toddler programs.

Expected results: Approximately 1,300 parents, child care providers, and other educators are provided with information regarding resources in their communities for infant/toddlers in care. This information includes child illness, advice for advocating for the child with exceptional needs, health management, immunization and infection control. The parents and child care providers receiving this information will provide a healthier environment for the families they serve.

5.1.1.1(c) Resource Grants

Funds will be allocated to provide grants to providers to cover the cost of infant/toddler equipment, appropriate educational materials, minor renovation and repairs to meet health and safety requirements, and environmental changes to support small groups and continuity of care, primary caregiving, and following children's individual schedules.

Expected results: Agencies receiving these grants will make their environments safer and more accessible for the children and the families being served. The grants will enhance the quality of the infant/toddler programs with the implementation of various improvements to the program, such as the acquisition of materials and improving the level of training that is available to program staff.

5.1.1.1(d) Child Care Initiative Project with an Infant/Toddler Focus

Funds will be allocated to maintain the Child Care Initiative Project to increase the supply of infant/toddler family child care providers throughout the state by the recruitment, training, and initial support of family child care providers serving infants and toddlers. This effort will focus on those counties with the greatest unmet need for infant/toddler care.

Expected results: There will be an increase of approximately 600 licensed family child care homes who are trained in caring for infants and toddlers. This will provide for potentially 2,200 new infant/toddler slots in licensed settings.

5.1.1.1(e) PITC Regional Support Network

Funds will be allocated to maintain a Regional Support Network for provision of training and technical assistance activities at the local level, to improve the quality and increase the quantity of child care services for infants and toddlers. The primary components of this Network are outreach sessions, stipends for trainers, and regional training coordinators, which are described below.

Outreach Sessions

Approximately 15-30 outreach training sessions will be provided for existing planning groups to continue to support the implementation of their county infant/toddler capacity plan. Critical topics will usually include recent brain research and implications of these research findings for administrative policies; results of national studies of child care quality; and program practices and care-giving strategies that support optimal infant/toddler development.

The content and length of the specifically targeted sessions will be customized to meet the needs of the unique audiences including directors, teen parent groups, American Indian tribal groups, First 5/Children and Families county commissions, Local Child Care Planning Councils, and other planning agencies.

Stipend for Trainers with an Infant/Toddler Focus

Stipends will be provided to support the retention of trainers who have completed PITC trainer-of-trainer initiatives to provide community-based training to staff working in child care and development programs serving children birth to three years of age. The CDE will provide stipends for PITC endorsed trainers to primarily conduct on site training sessions and provide technical assistance for the enhancement of quality in infant/toddler programs. Center-based programs, as well as small groups of family child care and license-exempt providers, may receive up to 60 hours of training and technical assistance per year. Stipends may also be provided to training participants when the training is provided outside regular working hours and they have completed at least 25 hours of training.

These training activities will be evaluated each year using an on-site, pre-and-post review methodology. The first evaluations using this approach revealed statistically significant differences between pre-training and post-training overall ratings of quality. Family child care programs were rated lower than centers at the pre-training

assessment and moved up in quality at the post-training assessment. The findings in both studies indicated that additional training and technical assistance would likely help centers and family child homes continue to improve the quality of their care. These evaluations show that the Stipend Program training and technical assistance resulted in significant improvements in quality. These results are consistent with findings reported in national studies of child care quality that indicate a strong connection between caregivers' participation in training and the quality of care they provide.

Regional Trainer/Coordinators

Regional Trainer/Coordinators (RTCs) will be provided to support PITC certified trainers in the provision of training at the local level. These RTCs will be responsible for coordinating the assignment of trainers to local training groups and allocating stipends for local trainers; arranging regular meetings with trainers; coordinating outreach services to new and existing infant/toddler programs and local policy making groups; and coordinating PITC training at the community college PITC demonstration programs discussed below.

Expected results: This network will improve local planning groups' understanding of the issues related to infant/toddler care and development and provide necessary resources for training and technical assistance. Fifteen to thirty outreach sessions will be held for specific audiences to support local planning groups and others to increase the quality and quantity of child care services for infants and toddlers. Approximately 14,730 hours of training and technical assistance will be provided to about 6,190 child care staff or providers (2/3 center-based staff and 1/3 family child care home providers), who provide services to 10,370 infants and toddlers. Compensation will be given to approximately 130 certified PITC trainers to provide training and technical assistance to local providers.

5.1.1.1(f) Inclusion of Infants and Toddlers with Disabilities

Funds will be allocated for the *Beginning Together* project to provide training for 110-130 certified PITC trainers on strategies, program practices, and models that support inclusion of infants and toddlers with disabilities in child care settings. This activity will create a cadre of qualified trainers who will be available to assist local child care providers in complying with the requirements of the Americans with Disabilities Act by creating inclusive environments.

The PITC RTCs will receive technical assistance to support them in creating linkages with early interventionists and infant/toddler child care programs at the local level. Twelve to fifteen outreach sessions will be conducted throughout the State each year to bring together PITC trainers, infant/toddler staff, family child care providers, early interventionists, and other professionals working with children with disabilities and other exceptional needs and their families to discuss strategies for local coordination of services. The PITC demonstration programs will also receive training and technical assistance. Materials will be developed for infant/toddler programs and trainers following a review of existing materials and the identification of gaps that need to be filled to promote program improvement.

Expected results: Approximately 100 to 130 PITC-certified trainers and early interventionists will provide training and technical assistance at the local level for the development of more inclusive programs and practices. Twelve to fifteen regional training events for about 600 early care professionals will facilitate the development of service coordination plans for infants and toddlers with disabilities and other exceptional needs. High quality training materials that address best practice and emerging issues for care of these children in group settings will be developed.

5.1.1.1(g) Community College Demonstration Sites

Funds will be allocated to provide institutes and follow-up technical assistance to interested California community colleges to integrate the PITC philosophy and practices into their existing infant/toddler programs and into the infant/toddler courses. The seven existing PITC demonstration programs will receive training and technical assistance as necessary for staff training, equipment, and materials to enhance and maintain the quality of the programs. Funds will also be allocated to the newest demonstration program for renovation and repair needed to help modify the site to provide opportunities for unobtrusive observation of the best practices of the PITC philosophy and to support small groups, continuity of care, primary caregiving and following children's individual schedules.

Expected results: Policy makers, program directors, caregivers, college faculty, early interventionists and others will have an opportunity to observe PITC best practices being incorporated in the care of infants and toddlers in group settings.

5.1.1.1(h) Family Child Care Association Development Project

This project will continue to support the professional development of family child care associations. Nationwide, approximately 70 percent of children under the age of three years are cared for in family child care settings. Family child care associations offer a unique opportunity to support the professional growth and retention of these providers. The project will focus on recruiting new associations in underrepresented areas of the state, providing grants to the associations for professional development activities, and providing training to assist the associations as necessary.

Expected results: Local family child care associations will be built and strengthened, reducing isolation, improving professionalism, and stabilizing this segment of the child care workforce. About 150 trainings will be offered to approximately 3,800 family child care providers.

Resource and referral services:

5.1.1.2 Resource and Referral Programs **

Funds will be allocated to support California's system of resource and referral (R&R) programs that are located in every county of the State. These funds support:

- Administering the TrustLine fingerprint screening Application process;
- Maintaining up-to-date databases that includes information about all licensed providers offering child care in each R&R program's service delivery area;

- Making referrals for child care services that best meet families' needs;
- Educating parents about the components of quality child care and disseminating consumer education materials;
- Developing, gathering, and reporting data from callers and child care providers to the CDE regarding the supply and demand for child care services within their local areas; and
- Carrying out other activities that support center-based, family child care and license-exempt providers, such as, recruiting and training child care providers and offering technical assistance to enhance child care provider skills.

Expected results: The R&R databases will have information about licensed child care providers in every community; statewide that is over 9,000 child care centers and 32,000 family child care homes. R&Rs will respond to over 225,000 calls from parents about child care options, and will assist them by making appropriate referrals, while allowing parents to judge for themselves what's appropriate for their children. New child care providers will be recruited and opportunities for providers to enhance skills will be offered.

School-age child care:

5.1.1.3(a) Before-and After-School Program Grants

Funds will be used to provide resource grants to new and on-going providers of before-and after-school programs and to support school-age quality enhancement activities. These grants will cover the cost of special, age-appropriate equipment; ancillary educational materials; and minor renovation and repair to meet health and safety requirements.

Expected results: Agencies that make improvements to their school-age programs will ensure that the quality of care and the safety of the environment are improved. The grants will enhance the quality of the programs with the implementation of various improvements to the program, such as, the acquisition of materials, and improving the level of training that is available to program staff.

5.1.1.3(b) Training and Stipends for School-Age Program Professionals

This activity establishes a knowledge base for school-age program professionals, supports the retention of trainers for the state-funded *Kid's Time* training of trainers institutes, and provides community-based training to staff working in before-and after-school programs. The CDE will provide stipends for endorsed trainers to conduct local training sessions and provide on-site consultation for the enhancement of quality in school-age and after-school programs.

Training activities will include such topics as: developmentally appropriate practices for school-age programs, behavior management techniques, creating positive interpersonal environment, assessing children's interests, building partnerships with parents, strengthening links with the child's school, and encouraging community participation. Participants will be provided with resources and a video to support training in their local communities.

Expected results: A statewide network of over 7,000 providers and 300 school-age trainers will offer community-based training institutes that will impact around 23,500 after school/school-age care providers.

5.1.1.3(c) School-Age Curriculum, Materials Development and Distribution

Program materials will be prepared and disseminated in print and electronic format to provide and foster the training and development of staff and promote high-quality school-age and after-school programs. Materials will include a school-age care curriculum framework, a school-age science curriculum guide, and a school-age care literacy guide.

Expected results: Ten curriculum guides, administration and supervision guides, and CD ROMs will be developed. Regional and web-based training will link after school programs to elementary and middle school programs.

- 5.1.2 The law requires that not less than 4% of the CCDF be set aside for quality activities (658E(c)(3)(B), 658G, §§98.13(a), 98.16(h), 98.51). The Lead Agency estimates that the following amount and percentage will be used for the quality activities (not including earmarked funds):

\$ 69,511,000 includes state general funds (5.46 %)

- 5.1.3 Check either "Yes" or "No" for each activity listed to indicate the activities the Lead Agency will undertake to improve the availability and quality of child care (include activities funded through the 4% quality set-aside as well as the special earmark for quality activities). (658D(b)(1)(D), 658E(c)(3)(B), §§98.13(a), 98.16(h))

Yes No

- X ___ Comprehensive consumer education;
X ___ Grants or loans to providers to assist in meeting State and local standards;
X ___ Monitoring of compliance with licensing and regulatory requirements;
X ___ Professional development, including training, education, and technical assistance;
X ___ Improving salaries and other compensation for child care providers;
X ___ Activities in support of early language, literacy, pre-reading, and numeracy development;
X ___ Activities to promote inclusive child care;
X ___ Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children;
X ___ Other quality activities that increase parental choice, and improve the quality and availability of child care. (§98.51(a)(1) and (2))

- 5.1.4 Describe each activity that is checked "Yes" above, identify the entity(ies) providing the activity, and describe the expected results of the activity.

5.1.4.1 *Comprehensive consumer education*

5.1.4.1(a) Consumer Education

Documents, including parent resource materials, have been reproduced for dissemination by county welfare departments, public health departments, hospitals, schools, libraries, video stores, child care providers, resource and referral programs, churches, medical offices, training sites, community colleges, and other entities. A trainer's manual and a training plan is being developed to provide training, including dissemination of these materials.

Expected results: The general population and the families that are eligible for subsidized care will have a better appreciation for the factors that contribute to quality child care.

5.1.4.1(b) 800-KIDS-793 Phone Line for Parents

A 1-800 phone system, accessible to the public throughout the state of California, offers assistance to parents and child care providers in receiving child care and family resource information in their communities. An automated system, using caller zip code information, refers callers to name and number of the caller's local child care resource and referral agency and can also connect the caller to a live information specialist. This bilingual (Spanish and English) service system is an important component of the comprehensive consumer education campaign.

Expected results: This phone line is expected to receive from between 580 to 2,100 calls a month, providing a centralized resource for the public seeking information and referral for quality child care.

5.1.4.2 *Grants or loans to providers to assist in meeting State and local standards*

5.1.4.2(a) Facilities Renovation and Repair Grants **

California *Education Code* § 8278 establishes the authority for the CDD to allocate funds for one-time expenditures for activities that benefit children in subsidized child care and development programs. *Education Code* § 8278(b)(3) authorizes the use of these funds for deferred and major maintenance of existing facilities. Each fiscal year the Governor's Budget identifies the amount of funds available for distribution. The 2002 Budget Act authorized \$10 million for facilities renovations and repairs necessary to meet the health and safety standards and to comply with the federal American with Disabilities Act of 1990, and to purchase equipment necessary for the health and safety of enrolled children. Funds may not be used for the purchase or improvement of land, or for the purchase, construction, or major improvement of a facility that increases the value of a child care facility. Only public or private nonprofit agencies currently under contract with CDD for center-based programs may apply for this funding.

Expected results: Funds will be expended to CDD center-based child care and development contractors to repair and/or renovate their facilities to maintain healthy and safe environments and improve access to programs for children participating in State-subsidized child care and development programs.

5.1.4.2(b) Instructional Materials Grants **

Funds will be used to purchase developmentally appropriate durable or consumable curriculum related instructional materials. Center-based programs and family child care home networks currently under contract with the CDD may apply for this funding.

Expected results: These grants will improve the availability of developmentally appropriate instructional materials to children in care.

5.1.4.3 *Monitoring of compliance with licensing and regulatory requirements*

5.1.4.3(a) Desired Results System for Children and Families

Funds will be used implement an evaluation and accountability system to measure the achievement of the identified desired results for children and families who are receiving state-and federally-subsidized child care and development services through non-vouchered, state-contracted center-based or family child care home programs. With the use of the Desired Results Developmental Profile (DRDP), the system will be a resource and tool for staff and families to monitor the progress of their children and to improve their programs. The system will also include a Parent Survey and a tool for Alternative Payment Programs (APPs) and R&R agencies.

Expected results: The DRDP will provide child, classroom, program and state level data to determine child progress and program improvement for approximately 250,000 of the children in CDD-contracted programs. The instrument will be standardized for use in centers and family child care home networks.

5.1.4.3(b) Evaluation of Quality Improvement Activities

Funds have been allocated to evaluate the efficiency and effectiveness of all major program quality activities over a three to five year period. Several programs are evaluated each year to allow completion of all activities within the cycle.

Expected results: The evaluation results will document the effectiveness of various quality activities and be used to determine whether to continue, modify, or terminate the activities under review.

5.1.4.3(c) TrustLine Registry/Self-Certification **

Funds will support the TrustLine Registry to help ensure the safety of California's children. License-exempt child care providers, including nannies and babysitters, who have passed a background screening will be entered into the Registry. All exempt caregivers listed with TrustLine Registry are required to be cleared through a check of fingerprint records at the California Department of Justice, the child abuse central index, and a Federal Bureau of Investigation fingerprint check. The TrustLine Registry also allows parents to verify that a babysitter and license-exempt child care provider has completed this process.

Expected results: The criminal background checks ensure that annually approximately 26,300 applicants are safe and eligible to provide care for children. The Registry ensures that license-exempt child care providers paid through CDE/CDD alternative payment programs do not have a criminal background.

5.1.4.3(d) Subsidized TrustLine Applicant Reimbursement

Funds will be used to continue the support of the TrustLine Registration process of state and federally subsidized license-exempt providers. *Health and Safety Code* § 1596.66(c) requires that "...if a fee is charged by the local resource and referral agency that takes a provider's fingerprints, the provider shall be reimbursed for this charge by the State Department of Education, through the local child care resource and referral agency, from federal Child Care and Development Fund to the extent that those funds are available."

Fees associated with the TrustLine process are paid for license exempt providers serving families who are eligible for subsidized child care or as participants in Stages 2 and 3 of the CalWORKs child care system.

Expected results: This reimbursement will ensure that CDSS is able to conduct criminal background checks on an estimated CDE-TrustLine applicant caseload of 8,850. This will increase the number of alternative payment providers who provide child care to parents receiving governmental child care subsidies who are required by law to register with TrustLine.

5.1.4.3(e) License Enforcement for Child Care Programs **

This plan includes funds for licensing inspections by CDSS' Community Care Licensing Division (CCLD) of child day care facilities. The CCLD has responsibility for licensing child care facilities under authority of the California *Health and Safety Code* (§§ 1596.70, et seq.) and to enforce minimum standards contained in Title 22, Division 12, of the *California Code of Regulations*. Their mission is to protect the health and safety of children in care. The CCLD licenses over 13,000 child care centers and more than 44,000 family child care homes. Seven counties, under agreement with the state, license another 4,500 family child care homes.

In addition, the Child Care Advocacy Program (CCAP) promotes the delivery of quality child care by providing a link between child care licensing and the community. The CCAP tailors its activities to benefit each area's individual needs. A child care advocate is assigned to each CCLD field office and provides information to parents, child care providers, employers, educators and community groups.

Expected results: The health and safety of children in licensed child care centers and family child care homes will be protected. CCLD staff will be responsive to complaints in a timely fashion. Staff will verify employees' criminal background and fingerprint information as well as the credentials and records of staff employed in child care facilities.

5.1.4.4 *Professional development, including training, education, and technical assistance*

5.1.4.4(a) Child Development Training Consortium

This program provides direct child development training through college-level coursework to impact the quality of care. This training creates a pool of qualified staff for child care and development programs and addresses the issues of access to training, career ladder access for providers, staff retention, content flexibility, and cost effectiveness while providing outreach at the local level to assist in the recruitment and preparation of underrepresented groups. Participants, currently employed in a child care and development program, earn college units in child development and general education as required to attain the Child Development Permit. Students may attend regularly scheduled core curriculum classes. Classes may be offered at off-campus locations to facilitate access for working students.

Expected Results: Approximately 8,500 students at 94 community colleges will be enrolled in more than 60,000 units of coursework in early childhood education, of which the program will provide reimbursement for 46,000 of these units. The success of this program is reflected in a 97 percent student course completion rate.

Career Incentive Grant Program **

This program provides assistance through grants for college course work leading to the attainment of a Child Development Permit at the Teacher, Master Teacher, Supervisor, or Program Director levels. Participants in this program must be current employees in a CDE/CDD funded State Preschool program. This program serves individuals who do not have access to a Consortium community college campus or attend a four-year college or university. Applications are processed on a first come, first served basis.

Expected results: Approximately 700 grants will be awarded to early care and education students for reimbursement of enrollment fees, tuition and books.

5.1.4.4(b) Technical Assistance to Child Care Providers for Facilities Financing

Targeted training and technical assistance will be provided to child care providers to assist them in accessing financing for renovation, expansion, and/or construction of child care facilities.

Expected results: About 30 statewide workshops on financing facilities will be offered to child care providers.

5.1.4.4(c) Desired Results Field Training

Regional trainings on the Desired Results system will be provided to program staff of agencies that are scheduled for a CDE compliance review the following year. This project will also include further development of the system, including training materials and activities, training videos, CD ROMs, and other support materials.

Expected results: 1,000 contractors a year will attend three-day regional training. 250 contractors with multiple sites will be trained each year during a four-year phase-in.

5.1.4.4(d) School Readiness and Regional Support

This project will establish a statewide child care and development regional support system based on the county superintendents' regions. A regional lead will be responsible for coordinating training and other activities. A variety of regional training and technical assistance will be provided in this system, including training about the Desired Results system, school readiness, and other areas related to program quality.

Expected results: Training and technical assistance will be available on a regular basis at the regional level for all CDD contractors, particularly those that have center-based programs and/or family child care home networks. This will be coordinated training and technical assistance depending on local needs. This project will also result in local coordination with other programs, such as Head Start and First 5/Children and Families county commissions, and the CDD's age-level curriculum projects.

5.1.4.4(e) Training TANF Recipients as Child Care Teachers

This project, to train TANF recipients to become child care and development teachers, will be expanded from nine geographic areas of the state to serve students in 96 California community colleges, through a collaborative project of the Child Development Training Consortium and the California Early Childhood Mentor Program. TANF recipients will be selected, enrolled full time in community college course work with tutorial assistance, and assigned mentor teachers to supervise their field placements and provide support and assistance throughout the program. At the end of the first year of training, TANF students will qualify for an Associate Teacher Permit on the Child Development Permit Matrix. The second year of training will include 32 hours of paid employment per week, and continued education to complete 24 units in early childhood education and 16 units in general education. Each successful TANF recipient will qualify for a Child Development Teacher Permit at the end of the two-year training period.

Expected results: Training and support services will be provided each year to 750 TANF students at 96 community colleges to complete qualifications for permits at the Associate or Teacher level of the Child Development Permit Matrix. The project will assist TANF students to become self-sufficient and will build the capacity of the early care and education workforce in California.

5.1.4.4(f) Child Development Permit Matrix Professional Growth Advisors

Funds will be used to continue to support the Statewide Network of Child Development Permit Matrix Professional Growth Advisors. The Child Development Training Consortium will be responsible for maintaining a registry of Professional Growth Advisors; providing training for new advisors; providing refresher training for approximately 1800 existing advisors; and developing and maintaining an electronic system for providing information about the professional growth plan requirements.

Expected results: Over 2,400 child development professionals will assist members of the field with their career planning.

5.1.4.4(g) Family Child Care At Its Best Project – University of California, Davis **

The *Family Child Care At Its Best* Project offered through The Center for Human Services Training and Development at University of California, Davis will provide training and quality improvement services to licensed family child care home providers throughout the state.

Expected results: 500 training sessions will be delivered to a total of 8,000 family child care providers on an annual basis, covering a broad range of child care topics such as child development, health and safety, and cultural sensitivity.

5.1.4.4(h) Child Care Initiative Project **

This project, conducted by local resource and referral agencies, implements a five-stage child care supply-building process. This process includes assessing local supply and demand, recruiting potential licensed family child care providers, providing training in providing quality care and how to manage a small business effectively, providing technical assistance on licensing procedures, and providing ongoing support to help providers stay in operation.

Expected results: The number of licensed family child care homes will be increased, creating at least 2,000 new child care slots. Researched-based and translated child care materials will be distributed to over 1,500 providers.

5.1.4.5 *Improving salaries and other compensation for child care providers*

5.1.4.5(a) California Early Childhood Mentor Program

The mentor program will be conducted at approximately 96 community college campuses. The goal of the program is to support experienced teachers or directors and encourage them to remain in the field of early childhood education. This program provides financial compensation and other benefits to child care and development teachers and directors who are selected as mentors. Mentor applicants must complete a self-assessment of their classroom, and their program director must agree to conditions of their participation. Candidates for Director Mentor undergo a two-day training session and agree to attend subsequent Director Mentor seminars. A local selection committee convened by the community college chooses mentor teachers and directors. The average stipend per classroom mentor is estimated to be \$1,800 per year. More than 2,250 early childhood education students and director protégés will be provided with alternative placements for practicum experiences while offering additional salary compensation to more than 600 mentor teachers and directors.

Expected Results: Over 600 mentor teachers and 100 director mentors will provide supervision and support to approximately 2,250 students in early childhood education, impacting the quality of care for at least 75,000 children.

5.1.4.5(b) Stipend for Permit

This program, managed through the Child Development Training Consortium, assists potential teachers in child care and development programs to obtain a Child Development Permit by paying the cost of the application fees. Salaries of child care teaching staff are substantially less than those of workers with similar levels of education. Assistance with the cost of permits provides these staff with incentives to proceed with completing training related to child development that research has shown to increase the quality of care provided to children. Staff also benefits from completing the additional coursework, as they are able to secure permanent positions as teachers. Implementation of this program continues in collaboration with the California Commission on Teacher Credentialing, which issues these permits.

Expected results: Child Development Permit application processing fees will be paid for approximately 3,400 permit applicants, and fingerprint processing fees will be paid for approximately 2,700 first-time applicants.

5.1.4.5(c) Child Development Teacher/Supervisor Grant Program

This program, administered by the California Student Aid Commission, provides assistance through grants for college course work leading to the attainment of a Child Development Permit at the Teacher, Master Teacher, Supervisor, or Program Director levels. Participants in this program are selected on the basis of their demonstrated financial need and academic achievement. They must commit to working one full year in a licensed child care center for every year they receive a grant.

Expected results: Over 300 students will obtain financial assistance to pursue professional development opportunities leading to employment or promotional opportunities in the child development field. This will improve the recruitment and retention of qualified child development teachers and supervisors in order to improve the quality of child development services being provided to California's young children.

5.1.4.5(d) Child Care Salary and Retention Incentives **

Child Care Staff Retention program for Employees Who Work with Children in State-Subsidized Center-Based Programs

Funding is provided to Local Child Care and Development Planning Councils (LPCs) for child care staff retention activities to retain qualified staff who work directly with children in state-subsidized, center-based programs. The LPCs develop countywide plans in accordance with approved guidelines and submit these plans to the CDD for review and approval. This funding is to supplement, not supplant, existing efforts and investments to retain qualified child care staff at the local level.

Matching Funds for Retention Incentives (MFFRI) program for Early Care and Education Providers

First 5/Children and Families Commission provides matching funds to 46 participating County Commissions to support local programs that provide incentives

to family child care providers and center-based early care and education (ECE) staff for staying in their jobs and increasing their level of ECE training. This pilot is scheduled to end in June 2005.

Expected results: A formal research component is part of the incentives programs. Results from the efforts to date suggest that staff retention is significantly enhanced.

5.1.4.6 *Activities in support of early language, literacy, pre-reading, and numeracy development*

5.1.4.6(a) English Language Learners Support

The CDE publication, *Assessing and Fostering a First and a Second Language in Early Childhood*, will be reviewed and updated; and a training manual using existing and updated materials will be developed. Statewide training of trainers sessions will be provided to support staff working with children including preschool teachers, teacher aides, program coordinators and parents of English language learners in regional areas.

Expected results: Materials dealing with the diverse early learning population will be revised, assisting early educators in their daily work with an increasing number of English language learners. The English language trainers will train 5,000 preschool teachers, supervisors, and parents to appropriately help the English language learners in their care.

5.1.4.6(b) Public Broadcasting Preschool Education Project

This project will continue to provide training for approximately 2,500 family child care providers and parents and will be conducted within the viewing areas of eight public television stations in Fresno, San Francisco, San Diego, Eureka, San Jose, Los Angeles, Redding and Sacramento. A training of trainers model will include information on how to use television appropriately in the education of young children. Concepts of emerging literacy will be stressed. Providers will receive a provider handbook, training props, and several storybooks. Each public television station has established a network of trainers in order to offer continued support and to conduct refresher training.

Expected results: Training on the National PBS *"Ready to Learn"* curriculum will be provided through more than 270 workshops for over 5,000 professionals and child care providers, impacting over 90,000 children.

5.1.4.6(c) Prekindergarten Program **

In previous plans, the *Prekindergarten Learning and Development Guidelines* were published and support resources were developed. A series of in-service training sessions, based on the *Prekindergarten Learning and Development Guidelines* and focused on teachers who work with children aged three through five, were delivered throughout the state using facilitated live-feed satellite broadcasts. A second series of topics for the live satellite broadcast training program is planned in 2003. In addition, funds were allocated to begin development, publication, and dissemination

of classroom curriculum materials linked to the *Prekindergarten Learning and Development Guidelines*. Plans include adaptation for use by all licensed and license-exempt family child care providers.

School Readiness Articulation Project

To facilitate the transition of preschool age children to kindergarten, a school readiness articulation project will bring together teams of teachers and administrators for local and regional training throughout California. The school readiness articulation project will provide educators from prekindergarten programs and the K-12 system with an opportunity to identify and address issues around school readiness, and will conclude with the development of local action plans that create ongoing and effective linkages between preschool programs and local elementary schools.

Expected results: Regional training institutes will be implemented to bring together teams from early childhood education programs and the K-12 system to identify and address issues related to school readiness and transition from preschool to kindergarten.

Dissemination and Training

Activities will include publication of the *Prekindergarten Learning and Development Curriculum* and adaptations developed under prior funding, and the continuation of a comprehensive statewide program of local and regional training based on the *Prekindergarten Learning and Development Curriculum* to assist classroom teachers to implement the curriculum and related support materials. Adaptations of the materials will support a statewide exempt provider outreach and training program.

Expected results: Publication of the *Prekindergarten Learning and Development Curriculum* and an adaptation of the *Prekindergarten Learning and Development Guidelines* for family child care and license-exempt providers will be completed and will support comprehensive training programs designed to support children served in all types of settings. Approximately 9,500 participants and facilitators will participate in nine hours of in-service training on three new topics from the *Prekindergarten Learning and Development Guidelines*. Curriculum and support materials will be published to support the *Prekindergarten Learning and Development Guidelines*, and a training program will be implemented to disseminate and support implementation of the *Curriculum*.

Preschool Quality Program

Funds will be used to purchase developmentally appropriate durable or consumable curriculum related instructional materials and equipment, and support other efforts to improve the quality of preschool programs.

Expected results: These funds will improve the availability of developmentally appropriate instructional materials and equipment to preschool children in care and enhance program quality.

5.1.4.7 Activities to promote inclusive child care

5.1.4.7(a) Map to Inclusive Child Care

This Project began in SFY 1998-99 with a federal technical assistance grant designed to support a statewide initiative to expand opportunities for inclusion of children with disabilities and other exceptional needs in child care settings. Funds will be allocated to continue activities included in the strategic plan developed by the advisory committee for the Map to Inclusive Child Care Project. Major activities will focus on: developing linkages among key agencies, groups, and stakeholders to create a service delivery system that better meets the needs of children with disabilities and their families; identifying and addressing infrastructure issues including licensing that are barriers to inclusion of children with disabilities in child care settings; and disseminating a publication for training, blended funding, and resource utilization that support best practices for inclusive child care.

Participants will continue to include representatives from Head Start; key State agencies including the CDE's Special Education Division and the Departments of Developmental Services, Social Services, and Mental Health; and professional organizations providing support services for children with disabilities and their families. Efforts of the Map Project are also coordinated with the Community College Pilot Project funded by the First 5/Children and Families Commission and administered by WestEd. This project works with California community colleges to establish a certificate program for early interventionists. In addition, many of the campuses are using the opportunity to explore ways to integrated meeting the needs of children with disabilities and other exceptional needs into their early childhood education classes.

Expected Results: Statewide coordinated leadership will address the barrier facing families who have children with disabilities and other exceptional needs in accessing quality child care services. Technical assistance will be provided to state and local policy makers and programs to develop and implement policies and practices that ensure quality child care and coordinated services for these children and families. The project will:

- Develop linkages among key agencies, groups, and stakeholders to increase coordination of services to better meets the needs of families and their children who have disabilities and are enrolled in child care programs;
- Identify and develop recommendations for addressing infrastructure issues, including licensing, that are barriers to inclusion of children with disabilities in child care settings;
- Identify and disseminate models for training, blended funding, and resource utilization that support best practices for inclusive child care; and
- Participate in efforts to revise early childhood/child development curriculum, in junction with college faculty, to support inclusion of children with disabilities.

5.1.4.7(b) Special Needs Training (Inclusion of Children with Disabilities and Exceptional Needs)

Funds will be allocated to provide training for preschool staff on strategies, program practices, program models, and legal requirements regarding inclusion of children with disabilities and children with other exceptional needs in child care settings.

Expected results: Approximately 200 representatives from child care and development programs and special education will receive training on implementation of local plans to build capacity for inclusion preschool-age children with disabilities and exceptional needs.

5.1.4.8 *Healthy Child Care America and other health activities including those designed to promote the social and emotional development of children*

5.1.4.8(a) Healthline

The California Child Care Healthline is a statewide, toll-free telephone service (800-333-3212) accessible to child care providers and parents. The purpose of the Healthline is to provide information and consultation on children's health and safety issues, including communicable disease management and reporting requirements, immunization, behavioral and nutritional concerns, child abuse, and exceptional needs; and early childhood education and development. Pediatric health professionals answer the Healthline. Referrals to health-related services are made when necessary.

Expected results: Advice will be given to over 1,200 providers and parents annually. It is expected the project website for health and safety information, products, and services will receive over 625,000 hits. Healthline staff will train providers on child health and safety issues. Parents child care providers will create and maintain healthy environments for the children in their care.

5.1.4.8(b) Health and Safety Training for Licensed and License-Exempt Providers

Resource and referral agencies will receive funds through a contract to arrange for or provide reimbursement to licensed center-based staff, licensed family child care providers, and license-exempt family child care and in-home providers. Reimbursement is for costs associated with completing health and safety training, including pediatric cardiopulmonary resuscitation (CPR), pediatric first aid, prevention and control of communicable disease in child care settings, safe handling of food, nutrition, disaster preparedness and mitigation, and other health-and safety-related subjects. Trainers and curriculum content is reviewed and approved by the Emergency Medical Services Authority (EMSA).

Expected results: Approximately 10,000 child care providers will receive health and safety training, equipment, materials and supplies, creating safe environments for children in care. Many of these providers will receive reimbursement to pay for certifications needed for licensing compliance.

5.1.4.9 *Other quality activities that increase parental choice, and improve the quality and availability of child care (§98.51(a)(1) and (2))*

5.1.4.9(a) Local Child Care Planning Councils Grant (LPCs)

Local Child Care and Development Planning Councils (LPCs) are appointed by 58 local county boards of supervisors and county superintendents of schools to assess the needs for child care and development services. LPCs identify gaps in the supply and demand of all forms of care. Based on the information obtained through periodic need assessments, the LPCs establish priorities for the use of funds to address the identified needs of unserved and underserved populations within their county. These priorities typically specify the ages of children, family income of target populations, special education needs or circumstances of families, and the geographic areas of service. LPCs encourage public input in the development of local priorities and hold public hearings. LPCs prepare a comprehensive countywide child care plan which is designed to mobilize public and private resources to address identified needs. LPCs collaborate with subsidized and non-subsidized providers, Head Start agencies, county welfare departments, human service agencies, job training programs, employers, integrated child and family service councils, parent organizations, and other interested parties to foster partnerships designed to meet local child care needs.

Expected results: The LPCs will provide an effective infrastructure using technology, research, and data to mobilize public and private resources to benefit the child development field.

LPCs will continue to implement child care staff retention programs and to build public and private partnerships with business and the Local Workforce Investment Boards.

5.1.4.9(b) Child Care Accreditation Project**

Funds will be allocated to recruit, support, train, and provide technical assistance to licensed child care providers in order to obtain professional accreditation. National accreditation is a measure of quality in early care and education. Funds will also be allocated to evaluate the process and outcomes.

Expected results: 370 state-subsidized child care centers and 900 family child care homes will be accredited, providing high quality care to approximately 34,000 children. The evaluation will provide valuable information about barriers to accreditation, as well as recommendations for strengthening collaborative efforts.

5.1.5 Is any entity identified in sections 5.1.1 or 5.1.4 a non-governmental entity?

() No.

(X) Yes, the following entities named in this part are non-governmental:

Name: public television stations; WestEd

Type (see section 1.6 of the guidance): non-governmental
community/faith-based organization

Name: resource and referral agencies

Type (see section 1.6 of the guidance): Child Care Resource & Referral
Service

5.2 - Good Start, Grow Smart Planning and Development

This section of the Plan relates to the President's *Good Start, Grow Smart* initiative which is envisioned as a Federal-State partnership that creates linkages between CCDF, including funds set-aside for quality, and State public and private efforts to promote early learning. In this section, each Lead Agency is asked to assess its State's progress toward developing voluntary guidelines on language, literacy, pre-reading, and numeracy, a plan for the education and training of child care providers, and a plan for coordination across at least four early childhood programs and funding streams.

5.2.1 - Voluntary Guidelines for Early Learning

- Indicate which of the following best describes the current **status** of the State's efforts to develop research-based early learning guidelines (content standards) regarding language, literacy, pre-reading, and numeracy for three to five year-olds:
 - a)___ Preliminary thinking or planning.
 - b)___ Guidelines are being developed.
 - c)___ Guidelines are developed but need to be modified.
 - d) X Guidelines are developed and implementation is in progress.
 - e)___ Guidelines are developed and implemented in pre-kindergarten programs but not in child care.
 - f)___ Guidelines are developed and implemented.
 - g)___ Other. Please describe:
- Describe the **process** that was used or is planned for developing the State's early learning guidelines. Indicate who or what entity provided (or is providing leadership) to the process as well as the stakeholders involved. Was (or is) the process framed by State legislation, research and/or guiding principles? If so, please describe. How are (or will) the early learning guidelines and the State's K-12 educational standards aligned? If they are not aligned, what steps will be taken to align them? If the early learning guidelines are in development, what is the expected date of completion?

In California, the guidelines for early learning are embedded in the Desired Results Developmental Profiles (DRDPs). Throughout this section, California's early learning guidelines will be referred to as DRDP(s). The entity providing the leadership for this process is the California Department of Education (CDE), Child Development Division (CDD), which began the development of a system in 1996 to measure the "desired results" for children and families receiving child development services. In that process, the CDD worked with a statewide advisory group composed of early childhood researchers and practitioners from three age level groups, including infant-toddler, preschool, and school-age, since those are the age levels served. The group also included special education researchers and practitioners.

Initially, the advisory group reviewed the literature and other states' work regarding outcomes. Then, the CDD and its advisory group developed its own outcomes-based model. This comprehensive system is called *Desired Results for Children and Families* and

includes a series of DRDPs for children birth to age fourteen. These instruments, based on child observation, measure desired results and use validated items to track progress. Measures have been included for all child developmental domains, including cognitive, social-emotional, and physical.

A "Measures for Families Survey" is also part of the system. A supporting document entitled *Prekindergarten Learning and Development Guidelines* provides specific guidance for prekindergarten teachers on how to design and offer a program to achieve desired results for children and families who participate in group care settings. This resource also articulates the link between the DRDPs and the K-12 content standards.

Currently, the DRDPs are being examined in a formal validation study. Nationally recognized early childhood researchers, led by the University of California, Berkeley, are validating the DRDPs.

- Describe the **domains** of development that the early learning guidelines address or are expected to address, e.g., social, emotional, cognitive, linguistic, and physical. States that have completed early learning guidelines should include a copy as an appendix to the plan. If the guidelines are available on the web, provide the appropriate Web site address.

The DRDPs address social-emotional development, cognitive development, linguistic development and physical/safe and healthy development. Awareness and acceptance of diversity are included under social-emotional development. These developmental domains are stated in terms of desired results, i.e., outcomes. They include the following:

- *"Children are personally and socially competent"* (social-emotional development);
 - *"Children are effective learners"* (cognitive development);
 - *"Children show physical and motor competence"* (physical development); and
 - *"Children are safe and healthy"* (safe and healthy development).
- Describe the process the State used or expects to use in **implementing** its early learning guidelines, e.g., feedback and input processes, dissemination, piloting, training in the use of the guidelines, and linkages with other initiatives such as incentives for provider education and training. To what extent is (or was) implementation anticipated in the development of the guidelines? To which child care settings do (or will) the guidelines apply and are the guidelines voluntary or mandatory for each of these settings? How are (or will) community, cultural, linguistic and individual variations, as well as the diversity of child care settings (be) acknowledged in implementation?

Many workshops were held between 1997 and 2001 for CDD direct service contractors notifying them of aspects of the new system and asking for feedback. Those who would be impacted by this change were included in the development of the system prior to its implementation. As the system is being refined, feedback is continuing to inform implementation. In addition, CDD developed new state regulations to provide regulatory authority and guidance regarding this new system.

The CDD began to require use of the Desired Results system in 2002 through a four-year phase-in implementation. This system includes implementation of DRDPs through the comprehensive Desired Results system. At this time, the system has been developed for CDD's center-based programs serving infants/toddlers, preschoolers and children in school

age care, and family child care home networks. The phase-in will take four years since there are so many programs involved and their staff members need to be trained. Each year, the CDD trains those programs that will have a compliance review and be monitored on the components of the Desired Results system. The DRDPs are mandatory for the publicly-funded center-based programs and family child care home networks. All of the new Desired Results requirements, including the DRDP, Desired Results Parent Survey, program standards, and environment rating scales are mandatory components of the system.

Community, cultural, linguistic, and individual variations, as well as the diversity of child care settings, are acknowledged in the materials and implementation process. California is a very large, diverse state with many different cultures and languages spoken. The Desired Results materials, including the DRDPs, Parent Surveys, and all of the supporting materials, have been translated into the most common other languages spoken in California: Spanish, Chinese, and Vietnamese. In addition, the DRDP cover sheet has a place for the child's primary language, indicates that the child should be assessed in his/her primary language, and has a place for the name of the person who assessed the child in his/her primary language. Child assessment information can be shared verbally with parents if they are not literate.

DRDPs measure individual children through periodic teacher observation, focusing on individual children's development and allowing children to progress at their own rate. In addition, the CDE's Special Education Division has worked with the CDD to develop adaptations for children with disabilities for all DRDPs so that children with disabilities also receive the assessment. If, however, a child in the program has a Individualized Education Program, the assessor is the special education resource teacher in conjunction with the early childhood educator.

Currently, providers reimbursed through the state's certificate program are not required to comply with the Desired Results system.

- As applicable, describe the State's plan for **assessing** its early learning guidelines. What will be the focus of the evaluation, i.e., guideline development and implementation, programs or child care settings, and/or outcomes related to children? Will young children's progress be evaluated based on the guidelines? How will assessment be used to improve the State's guidelines, child care programs, plans and outcomes for individual children?

The principal goal of *Good Start, Grow Smart* is to support research-based early childhood education strategies that will result in young children having the knowledge, competencies, skills, and dispositions they need to progress and succeed in school. In meeting this requirement, the CDD is currently conducting a DRDP validation study. This is a two year research study to revise and validate the existing DRDPs to ensure that they are based on current early childhood research and are statistically sound. This two year study is in its second year and is being led by the University of California, Berkeley School of Education's researchers in assessment development. The University of California, Berkeley is also working with other early childhood research and curriculum experts in California, including WestEd (for infant-toddler development); Sonoma State University (for preschooler development) and the University of California, Irvine (for school-age/after school student development). Mathematica and American Institutes for Research, two research organizations, are also involved in this research study.

Based on a review of the early childhood literature, the DRDP researchers identified developmentally appropriate learning and behaviors and the order of difficulty at each level. This will inform a DRDP field study that will be carried out in fall 2003 with 1800 children at the three age levels (infants/toddlers, preschoolers, and school-age students).

The researchers are revising the instruments for developmental soundness and to ensure that they are scaled appropriately for age-level difficulty. Following the field testing, the instruments will be revised as necessary for validity and reliability. Content alignment studies will also be conducted to ensure that the items match theoretical frameworks.

Currently, the CDD is phasing in the new Desired Results system, including the DRDPs. During this four-year phase-in period, the CDD, with University of California, Berkeley, has built an evaluation component into the training. Focus groups will be convened on a yearly basis to evaluate the effectiveness of the training and modifications will be made as necessary. This will lead to continuous improvement of the training of the child development agency staff as well as of the system itself.

Section 5.2.2 - State Plans for Professional Development

- Describe the provider training, technical assistance, and professional development opportunities that are available to child care providers. Are these opportunities available Statewide to all types of providers? If not, please describe.

California's plan for child care provider professional development has evolved since the quality improvement funds first became available to the states. Four guiding principles provided the primary guidance for development of the initial plan and have continued to be considered in the development of subsequent plans, including expansions and revisions. The fifth guiding principle has been added in the past several years. These guiding principles are:

- Do not duplicate existing resources;
- Address unmet needs;
- Address emerging issues;
- Support statewide access; and
- Maximize and leverage additional public and private resources to enhance the overall professional development of the field.

Do Not Duplicate Existing Resources

The California Community College system of two-year public institutions, composed of 108 colleges statewide organized into 72 districts, serves more than 2.9 million students and represents the largest system of higher education in the world. This system has provided excellent professional development classes relating to preschool-age children. While the National Association for the Education of Children has provided a wide variety of resources for the preschool age group, there were almost no resources and training for child care staff and college faculty about developing programs for infants, toddlers, and school-age children. As child care programs began responding to the increasing demands for services for children in these age groups, it was important to identify professional development activities and resources for child care staff as well as college faculty about how to best meet

the needs of these age groups in child care settings. As a result, California's plan initially focused on infants and toddlers and school-age children when considering the unique needs of different ages of children in child care settings. In response to school reform, the plan now also addresses the full age range of children birth to fourteen years of age.

Address Unmet Needs

Many of the activities in the plan focus on unmet needs of the profession, and support the career ladder and professional development matrix presented in the "Child Development Permit Matrix" and the "Child Development Permit Matrix with a School Age Emphasis." Two of the quality improvement activities that were part of the initial plan and that remain in place today are the Child Development Training Consortium (CDTC), §5.1.4.4(a), and the California Early Childhood Mentor Program (CECMP) §5.1.4.5(a). The CDTC was developed to address the need for having sufficient qualified staff to meet the staffing needs of child development programs. The CECMP was developed to address the need to retain qualified teachers in the child care profession and to provide opportunities for them to mentor students entering the field.

The Child Care Salaries and Retention Incentives, §5.1.4.5(d), a newer initiative, is used to reduce child care staff turn over in CDD-contracted center-based programs, other center-based programs, and family child care homes; encourages staff to complete the Child Development Permit Matrix requirements; and addresses some of the compensation and recruitment issues facing staff working in the field of child development.

Address Emerging Issues

The *Desired Results for Children and Families* system was developed as part of school reform and to address the concern about ascertaining children's progress while they are enrolled in CDD child development programs. In 2000, the CDE published the *Prekindergarten Learning and Development Guidelines* to address the recent brain research and emerging interest in the link between preschool experiences and later success in school. The *Prekindergarten Learning and Development Guidelines* were articulated with the California standards and frameworks for elementary education.

Support Statewide Access

One of the strengths of having a quality improvement plan developed at the state level is that provisions can be made for geographic equity of access to the activities. Sometimes, this access is provided by supporting the implementation of the activity in local areas. Following are several examples of programs that provide or have provided statewide access for child care professionals:

- The CDTC offers its programs through 94 community colleges throughout the state.
- The Program for Infant/Toddler Caregivers, §5.1.1.1(a), provides onsite training and technical assistance to child care programs and small groups of family child care providers serving children from birth to three years of age. Trainers are recruited for the trainer-of-trainer institutes from all counties so that the trainers are working with programs and providers in their own areas of the state.
- The trainings on the *Prekindergarten Learning and Development Guidelines* were initially presented through a series of facilitated distance learning sessions at 210 downlink sites in the state.

-
- Regional trainer-of-trainer institutes have been offered to develop a cadre of trainers throughout the state with in-depth knowledge about specific topics. Examples of activities in the plan with this approach are Kids' Time, §5.1.1.3(b), English Language Learners, §5.1.4.6(a), and Inclusion of Children with Disabilities and Other Exceptional Needs (preschool), §5.1.4.7(b).
 - The Desired Results system will provide all programs funded by the CDD with a comprehensive system for documenting child and family outcomes for children birth to fourteen years of age enrolled in CDD child development settings and before- and after-school programs. A set of validated developmental profiles for each age group to ascertain progress will be required of every program that is funded by the CDD. Training about the profiles is being provided in regional sessions to all programs funded by the CDD.

Maximize and Leverage Additional Public and Private Resources to Enhance the Overall Professional Development of the Field

An example of a public private partnership is the four-year relationship that has developed as part of the Child Care Staff Retention program. The CDE, the First 5/Children and Families Commission, the Packard Foundation, the Center for Health Improvement, and JMPT Associates have funded the development of a standardized database to collect information on the individual participants involved in the Child Care Staff Retention program. This database was shared with both the First 5/Children and Families county commissions staff and the CDE/CDD Local Child Care and Development Planning Council Coordinators. Training and local technical assistance was provided by both the Center for Health Improvement and JMPT Associates. Regional follow-up training provided a forum to discuss program evaluation results and share best practice models.

- Does the State have a child care provider professional development **plan**?
 - (X) Yes. Identify the entities involved in the development of the plan and whether the plan addresses all categories of providers. As applicable, describe: how the plan includes a continuum of training and education, including articulation from one type of training to the next; how the plan addresses training quality including processes for the approval of trainers and training curriculum; how the plan addresses early language, literacy, pre-reading, and numeracy development. Indicate whether the plan is linked to early learning guidelines and, if so, how.
 - () No. Indicate whether steps are under way to develop a plan. If so, describe the time frames for completion and/or implementation, the steps anticipated, and how the plan is expected to support early language, literacy, pre-reading and numeracy.

California's Quality Improvement Plan is the professional development plan for child care providers. The activities in the plan are designed to be supportive of the early childhood coursework offered by the California community colleges and state universities and to assist child care staff and family child care providers in meeting the requirements and advancing through the "Child Development Permit Matrix" and the "Child Development Permit Matrix with a School Age Emphasis." Both permits delineate career ladders for the child care profession, allow for multiple entry points into the profession, and require professional

development for renewal of a permit. Meeting the qualifications at the various levels of these permits is mandatory for the CDD-contracted programs, and is optional for other child care programs. Though not required, staff employed in non-state funded programs often choose to follow the requirements for the various levels of the permits in their professional growth and development because the permits are articulated with California licensing requirements for staff qualifications.

While all three state higher education systems provide opportunities for pre-service education and professional development, the community colleges are the primary providers of pre-service education for students entering the child care profession. The Quality Improvement Plan supplements the educational opportunities provided by both college systems and often influences development of new courses to address emerging needs and issues by including early childhood college faculty in training activities.

The plan provides a continuum of training to meet the various needs of child care providers in several ways. First, all ages from birth to fourteen are addressed in the Plan. The development of the Desired Results system is providing support for the documentation of outcomes for children, and alignment and connection of the age group activities across the ages. Both the Desired Results system and the *Prekindergarten Learning and Development Guidelines* are articulated with the state's academic content and performance standards, including mathematics, reading, and language development. The guidelines for infants and toddlers that are currently being developed will be articulated with the *Prekindergarten Learning and Development Guidelines*. Second, the training needs of providers are addressed in the Plan. A review of § 5.1.4.4 identifies the comprehensive approach to professional development for potential and existing family child care providers and for staff and directors in center-based programs.

- Are program or provider-level **incentives** offered to encourage provider training and education? If yes, please describe. Include any links between the incentives and training relating to early language, literacy, pre-reading, and numeracy.

The Plan provides incentives to encourage provider training and education. The largest effort is the CDE Child Care Staff Retention program and the Matching Funds for Retention Incentive program sponsored by the First 5/Children and Families Commission. The majority of counties are utilizing Compensation and Retention Encourage Stability (CARES) or CARES-based programs, that are stipend systems where monetary incentives are provided to child care staff and family child care providers based on their education levels and continued commitment to their professional development. The CDE and the First 5/Children and Families Commission help defray the cost of obtaining child development permits and encourage participants to utilize Professional Growth Advisors and mentor teachers in the development of their individual professional growth development portfolios. Participants are also encouraged to participate in training activities funded by the CDE and the First 5/Children and Families Commission. Some of these training activities include but are not limited to: PITC training, Desired Results training, §5.1.4.4(c), *Prekindergarten Learning and Development Guidelines* training, §5.1.4.6(c), Map to Inclusive Child Care Institutes, §5.1.4.7(a) and *Family Child Care At Its Best*, §5.1.4.4(g).

Incentives are provided for centers to obtain and maintain National Association for the Education of Young Children accreditation and for family child care home providers to obtain and maintain National Association of Family Child Care accreditation, §5.1.4.9(b).

Additional projects provide stipends when participants complete specified activities. The California Early Childhood Mentor Program provides stipends to mentor teachers for mentoring students who complete practicums in their classrooms. The Program for Infant/Toddler Caregivers (PITC) provides stipends §5.1.1.1(e) to child care staff and family child care providers who complete at least 25 hours of PITC training about the care of children birth to three years of age. The health and safety grants provide health and safety-related resources and materials for child care staff and providers who complete the training. The Child Care Initiative Program provides incentives in the form of resources and materials for participants who complete training about becoming licensed family child care providers.

- What are the expected **outcomes** of the State's professional development plan and efforts to improve the skills of child care providers? As applicable, how does (or will) the State assess the effectiveness of its plan and efforts? If so, how does (or will) the State use assessment to help shape its professional development plan and training/education for child care providers?

The two expected outcomes of the state's professional development plan and efforts to improve the skills of child care providers are:

- To encourage child care staff to continue their professional growth and development and to advance through the various levels of the child development permits in order to provide a workforce with the expertise to provide high-quality services for children from birth to fourteen years of age in child care and before and after school programs; and
- To provide training and technical assistance to child care staff and family child care and license-exempt providers to understand emerging issues in the early care and education field, their impact on group care of children, and appropriate strategies for infusion of the content into best practices and curriculum.

Preliminary information about the CDE Child Care Staff Retention program and the Matching Funds for Retention Incentive program shows 12,594 center-based and family child care providers have received stipend awards for their participation in the program. Of these providers, 5,181 work with infants and toddlers, 2,856 work with children with disabilities, 3,873 speak a variety of languages. One county is implementing a pooled benefit package for both center-based and family child care providers in addition to stipends. Twenty-three counties offer additional training seminars, discussion forums and business training for the professional development of providers. Los Angeles county is providing leadership training for Program Directors at the University of California, Los Angeles Anderson School of Management. A rural Local Child Care and Development Planning Council (LPC) has developed a comprehensive list of on-line accredited distance learning courses. LPCs are actively involved in the planning and implementation of the local CARES programs. Five counties have developed strong linkages with their Local Workforce Investment Boards (LWIBs). Involvement ranges from an LWIB member participating on the LPC to providing financial support to the Child Care Staff Retention program and even funding a new state-of-the-art child care center in a new business industrial park.

Section 5.2.3 - State Plan for Program Coordination

- Does the State have a **plan** for coordination across early childhood programs?

(X) Yes.

Indicate whether there is an entity that is responsible for ensuring that such coordination occurs. Indicate the four or more early childhood programs and/or funding streams that are coordinated and describe the nature of the coordination.

() No.

Indicate what steps are under way to develop a plan for coordination.

As stated in §2.1.2, the Lead Agency plays a key role in coordinating across early childhood programs. Several programs are under its scope of responsibility: the Child Care and Development Fund, State Preschool, the Head Start - State Collaboration Office, and public school programs including Even Start, Title I Preschool, and Early Reading initiatives. Direct child development contractors funded by CCDF and State Preschool programs have the same teacher qualifications, adult/child ratios, quality standards, and the CDD's Desired Results system including its related materials and assessment and evaluation tools. There are programs that use many of the same Desired Results components: Special Education special day classes and children served in inclusive programs; Even Start; Head Start programs in California; and the state-funded CalSAFE program for teen parents and their children. The state Head Start Collaboration Office, staffed by CDD, facilitated the development of Desired Results Developmental Profile Plus, an outcome-based tool that addresses both state and Head Start assessment requirements. The CDD and the Head Start - State Collaboration Office, in conjunction with several state partners, published *Collaborative Partnerships*, a tool for facilitating full-day, full-year child development services provided by Head Start and local partner agencies.

Another significant area of coordination is with the state TANF agency, the California Department of Social Services (CDSS). Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) in 1996 and the California Work Opportunity and Responsibility to Kids (CalWORKs) statute, the CDE has enhanced its ongoing consultative relationships with various state and local agencies affected by the State Plan. The CDE maintains an ongoing, collaborative relationship with the CDSS in order to establish consistent State policies for the purpose of achieving a seamless system of welfare-related child care services in California. The CDSS, via the County Welfare Departments in all 58 counties in the State, coordinates with the Employment Development Department, which is the agency responsible for providing employment-related services in California.

At a policy level, a CalWORKs Principals Group was established and continues to meet on a regular basis to address funding, programmatic and quality issues. Participants includes management staff from:

- CDE, Child Development Division;
- CDSS, Welfare to Work Division, Child Care Programs Bureau;
- CDSS, Community Care Licensing Division; and
- Chancellor's Office of the California Community Colleges.

At the program level, the CalWORKs Child Care Advisory Group consists of representatives from the CDE, the CDSS, six representatives from the California Alternative Payment Program Association (CAPPA), six representatives from the California Welfare Directors Association (CWDA), and a representative of the Community Colleges from the Chancellor's

Office. This Advisory Group meets on a regular basis to provide a statewide perspective on the local administration of CalWORKs child care. It also plays a critical role in providing input on program and policy issues and in identifying CalWORKs child care problems for possible resolution.

The CDE also coordinates with agencies and programs addressing children's other developmental needs. California's Infant, Preschool and Family Mental Health Initiative (CIPFMHI) is funded by the First 5/Children and Families Commission, administered through the California Department of Mental Health, coordinated by WestEd Center for Prevention and Early Intervention and implemented in cooperation with eight county departments of mental health and interagency partners. This initiative hopes to expand and enhance relationship-based approaches to service and the delivery of mental health treatment services to children prenatal to age five and their families. The CDE coordinates with this initiative through its *Beginning Together* Project, which is administered by Sonoma State University. Outreach sessions are conducted in 10 to 20 areas of California each year to bring together early childhood education staff, family child care providers, early interventionists, and other professionals working with infants and toddlers. The purpose of these sessions is to discuss how better to coordinate services for children from birth to three years of age who have disabilities or other exceptional needs. Representatives from the counties with CIPFMHI pilot projects will be included in these meetings when they are held in their areas so that mental health services are considered in the discussions.

In August 2002, a Master Plan for Education was submitted to the state Legislature. The Master Plan provides a blueprint for strategic planning of prekindergarten through university education policy and finance. The Master Plan is designed as a comprehensive document articulating education goals from preschool through university levels. This Master Plan would impact child care services in terms of school readiness, health and social services screenings that may identify barriers to learning, and universal preschool.

- Describe the **results** or expected results of this coordination. Discuss how these results relate to the development and implementation of the State's early learning guidelines, plans for professional development, and outcomes for children.

The most significant result anticipated is that California's early learning guidelines, represented by its Desired Results Developmental Profiles (DRDPs), will be implemented across delivery systems, thereby providing a consistent, high quality early learning approach that will foster child well-being and school readiness in many different populations and settings statewide.

The Desired Results system has already impacted delivery systems outside CCDF. Over 60 percent of Head Start grantees are also State child care and development program contractors, and through the Lead Agency's collaborative efforts have come to see how the DRDP aligns with Head Start Performance Standards. Collaboration is also expected to result in enhanced quality across other systems, most notably in TANF-related child care provided by county welfare departments. Through collaboration, it is expected that TANF clients will be provided greater opportunities for accessing higher quality care. In addition, non-CCDF programs operated through the public education system, including Title I preschool and Even Start, have agreed to adopt the DRDP in their programs. As the system becomes better known and collaborative efforts continue, even wider use is anticipated.

In addition, since development of the DRDP specifically included collaborative efforts with service providers for, and experts in, children with exceptional needs, the DRDP is expected to be widely used with that special population. As the legislation to implement a new Master Plan for Education moves forward, collaboration will lead to statewide consistency in a wide range of early care and education programs funded with CCDF as well as other funds.

Professional development has been both a vehicle for implementing California's early learning guidelines, and for developing them. As described earlier in this Plan, the multi-year effort to develop the DRDP has included participation from every aspect, public and private, of the early care and education community, from service providers to organizations and institutions of higher education. Looking ahead, extensive professional development efforts will be informed by the early learning guidelines, and these efforts will continue to be available to the broad community.

- Describe how the State's plan supports or will support continued coordination among the programs. Are changes anticipated in the plan?

The Plan clearly identifies multiple ways in which continued coordination will occur. Furthermore, coordination is assured as long as the California Department of Education (CDE) continues to be the designated Lead Agency, since many of the collaborative partners are in fact entities within CDE or are obligated by statute to collaborate with CDE. Finally, the Lead Agency has demonstrated its strong philosophical commitment to the benefits of collaboration and there are no plans to change this commitment.

PART 6 - HEALTH AND SAFETY REQUIREMENTS FOR PROVIDERS

(ONLY THE 50 STATES AND THE DISTRICT OF COLUMBIA COMPLETE PART 6.
ONLY TERRITORIES COMPLETE PART 7.)

The National Resource Center for Health and Safety in Child Care (NRCHSCC) of DHHS's Maternal and Child Health Bureau supports a comprehensive, current, on-line listing of the licensing and regulatory requirements for child care in the 50 States and the District of Columbia. In lieu of requiring a State Lead Agency to provide information that is already publicly available, ACF accepts this compilation as accurately reflecting the States' licensing requirements. The listing, which is maintained by the University of Colorado Health Sciences Center School of Nursing, is available on the World Wide Web at: <http://nrc.uchsc.edu/>

Section 6.1 - Health and Safety Requirements for Center-Based Providers (658E(c)(2)(F), §§98.41, §98.16(j))

6.1.1 Are all center-based providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

- ☐ YES, answer 6.1.2 and proceed to 6.2.
☒ NO, answer 6.1.2 and 6.1.3.

6.1.2 Have center licensing requirements as relates to staff-child ratios, group size, or staff training been modified since approval of the last State Plan? (§98.41(a)(2) & (3))

- ☒ NO
☐ YES, and the changes are as follows:

6.1.3 For center-based care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

License-exempt center-based providers consist primarily of school-age (before-and after-school) centers operated by school districts and private schools for their pupils. All staff and children in care must meet the state's prevention and control of infectious diseases and immunization regulations for both public and private schools. These regulations are included in the *California Health and Safety Code*, §§ 120325-120380.

- Building and physical premises safety

License-exempt center-based providers consist primarily of school-age (before-and after-school) centers operated by school districts and private schools for their pupils. Facilities operated by public schools must meet all health and safety regulations governing school facilities and must meet local city or county ordinances, obtain a fire clearance form the State Fire Marshal, and have staff cleared through the Criminal Record Identification.

- Health and safety training

Staff in license-exempt programs operated by public or private schools are required to meet the same standards as staff in licensed facilities.

Section 6.2 - Health and Safety Requirements for Group Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

- 6.2.1 Are all group home providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☒ YES, answer 6.2.2 and proceed to 6.3.
☐ NO, answer 6.2.2 and 6.2.3.

- 6.2.2 Have group home licensing requirements as relates to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☒ NO
☐ YES, and the changes are as follows:

- 6.2.3 For group home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)
- Building and physical premises safety
- Health and safety training

Section 6.3 - Health and Safety Requirements for Family Providers (658E(c)(2)(F), §§98.41, 98.16(j))

- 6.3.1 Are all family child care providers paid with CCDF funds subject to licensing under State law that is indicated in the NRCHSCC's compilation? If:

☐ YES, answer 6.3.2 and proceed to 6.4.
☒ NO, answer 6.3.2 and 6.3.3.

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6.3.2 Have family child care provider requirements that relate to staff-child ratios, group size, or staff training been modified since the approval of the last State Plan? (§98.41(a)(2) & (3))

☒ NO

☐ YES, and the changes are as follows:

6.3.3 For that family care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

Family providers that care for the children of one other family besides their own children are exempt from licensing. These license-exempt family providers, except for aunts, uncles, and grandparents, must certify that they have been tested within twelve months prior to employment and were free of tuberculosis. The provider must submit a certification statement that he/she is free of communicable diseases and is physically and mentally capable of caring for children.

- Building and physical premises safety

The exempt provider, except for aunts, uncles, and grandparents, must complete the Health and Safety Self-Certification with the parent of the child to be placed in care. This checklist certifies that the provider's home contains a functioning fire extinguisher and smoke alarm, that poisonous materials are stored away from food and out of the reach of children, that home and yard are free of safety hazards, that the parent(s) will have unlimited access to his/her child(ren) in care, and other similar statements.

The exempt provider, except for aunts, uncles, and grandparents, must submit a TrustLine application and either two fingerprint cards or verification of *Live Scan* submission of fingerprints to the local Resource and Referral (R&R) agency for submission to the California Department of Social Services (CDSS) for criminal record and child abuse registry clearance. Evidence of the submission of the TrustLine application and the fingerprint cards to the R&R agency along with the Health and Safety Self-Certification must be submitted to the certificate program [Alternative Payment Programs (APPs), including County Welfare Departments (CWDs)] within fourteen days of the first date of child care service in order for payment to the provider to continue beyond 28 days after the first date of service.

- Health and safety training

Family providers that care for the children of one other family besides their own children are exempt from licensing. Certificate program (APPs, including CWDs) staff must, except for aunts, uncles, and grandparents, review the contents of the Health and Safety Self-Certification with the provider and must refer the provider to the local R&R agency for training materials and information about available health and safety training opportunities.

Section 6.4 - Health and Safety Requirements for In-Home Providers (658E(c)(2)(F), §§98.41, 98.16(j))

- 6.4.1 Are all in-home child care providers paid with CCDF funds subject to licensing under the State law reflected in the NRCHSCC's compilation referenced above? If:
() YES, answer 6.4.2 and proceed to 6.5.
(X) NO, answer 6.4.2 and 6.4.3.

- 6.4.2 Have in-home health and safety requirements that relate to staff-child ratios, group size, or training been modified since the approval of the last State Plan?
(§98.41(a)(2) & (3))

(X) NO
() YES, and the changes are as follows:

- 6.4.3 For in-home care that is NOT licensed, and therefore not reflected in NRCHSCC's compilation, the following health and safety requirements apply to child care services provided under the CCDF for:

- The prevention and control of infectious disease (including age-appropriate immunizations)

Providers that care for children in the child's own home are exempt from licensing. These license-exempt providers, except for aunts, uncles, and grandparents, must certify that they have been tested within twelve months prior to employment and were free of tuberculosis. The provider must submit a certification statement that he/she is free of communicable diseases and is physically and mentally capable of caring for children.

- Building and physical premises safety

Providers that care for children in the child's own home are exempt from licensing. The provider, except for aunts, uncles, and grandparents, must complete the Health and Safety Self-Certification with the parent of the child to be placed in care. This checklist certifies that the child's own home contains a functioning fire extinguisher and smoke alarm, that poisonous materials are stored away from food and out of the reach of children, that the home and yard are free of safety hazards, that the parent(s) will have unlimited access to his/her child(ren) in care, and other similar statements.

Within fourteen days from the first date of service, the provider, except for aunts, uncles, and grandparents, must submit a TrustLine application and

either two fingerprint cards or verification of Live Scan submission of fingerprints to the local R&R agency. The TrustLine application and the fingerprint cards are then submitted to the CDSS for criminal record and child abuse registry clearance. Evidence of the submission of the TrustLine application and the fingerprint cards to the R&R agency along with the Health and Safety Self-Certification must be submitted to the certificate program within fourteen days of the first date of child care service in order for payment to the provider to continue beyond 28 days after the first date of service.

- Health and safety training

Providers that care for children in the child's own home are exempt from licensing. Certificate program staff must, except for aunts, uncles, and grandparents, review the contents of the Health and Safety Self-Certification with the provider and shall refer the provider to the local R&R agency for training materials and information about available health and safety training opportunities.

Section 6.5 - Exemptions to Health and Safety Requirements

At Lead Agency option, the following relatives: grandparents, great grandparents, aunts, uncles, or siblings (who live in a separate residence from the child in care) may be exempted from health and safety requirements (658P(4)(B), §98.41(a)(1)(ii)(A)). Indicate the Lead Agency's policy regarding these relative providers:

- () All relative providers are subject to the same requirements as described in sections 6.1 - 6.4 above, as appropriate; there are no exemptions for relatives or different requirements for them.
- () All relative providers are exempt from all health and safety requirements.
- (X) Some or all relative providers are subject to different health and safety requirements from those described in sections 6.1 - 6.4. The following describes those requirements and identifies the relatives they apply to:

Adult siblings and great-grandparents are not exempt from the health and safety requirements.

Section 6.6 - Enforcement of Health and Safety Requirements

Each Lead Agency is required to certify that procedures are in effect to ensure that child care providers of services for which assistance is provided comply with all applicable health and safety requirements. (658E(c)(2)(E), §§98.40(a)(2), 98.41(d)) The following is a description of how health and safety requirements are effectively enforced:

- Are child care providers subject to routine unannounced visits (i.e., not specifically for the purpose of complaint investigation or issuance/renewal of a license)?
 - () No
 - (X) Yes, and the following indicates the providers subject to routine

unannounced visits and the frequency of those visits.

In accordance with California *Health and Safety Code* §§ 1597.08 – 1597.091, the following describes unannounced visits to licensed center-based programs. All site visits by the CDSS' Community Care Licensing Division (CCLD) are unannounced visits, except for pre-licensing visits. A site visit to all licensed child day care centers is made annually and as often as necessary to ensure compliance.

In accordance with California *Health and Safety Code* §§ 1597.55a and 1597.55b, the following describes unannounced visits to licensed family child care homes. Each family child care home receives an unannounced visit every three years. Unannounced visits are also made on the basis of a complaint and a follow-up visit whenever necessary to ensure that violations have been corrected. Additionally, CCLD annually makes unannounced visits to 10 percent of all licensed family child care homes.

License-exempt providers are not subject to unannounced visits.

- Are child care providers subject to background checks?
 - () No
 - (X) Yes, and the following types of providers are subject to background checks (indicate when such checks are conducted):

In accordance with California *Health and Safety Code* § 1596.871, all licensed providers of care in centers and in family child care homes, the adults responsible for administration or direct supervision of staff, any person, other than a child, residing in the facility, any person who provides care and supervision of the children and any staff person, volunteer or employee who has regular contact with the children are subject to criminal background checks and child abuse checks.

A volunteer providing time-limited specialized services is exempt from fingerprint requirements, if the volunteer:

- Is directly supervised by the licensee or a facility employee who has a criminal record clearance or exemption;
- Spends no more than 16 hours per week at the facility; and
- Is not left alone with children in care.

A student enrolled or participating at an accredited educational institution is exempt, if:

- Directly supervised by the licensee or facility employee with who has a criminal record clearance or exemption;
- The facility has an agreement with the educational institution;
- The student spends no more than 16 hours per week at the facility; and
- The student is not left alone with children in care.

A volunteer who is a relative, legal guardian, or foster parent of a client in the facility is exempt from fingerprint requirements. A contracted repair person retained by the

facility, if not left alone with the children in care, is exempt from fingerprint requirements.

In accordance with California *Health and Safety Code* § 1596.603, license-exempt providers are also required to submit fingerprints to the state Department of Justice for a background examination. The names of those who are cleared are included in a TrustLine registry. *Health and Safety Code* § 1596.66 exempts grandparents, aunts, and uncles from this requirement.

- Does the State require that child care providers report serious injuries that occur while a child is in care? (Serious injuries are defined as injuries requiring medical treatment by a doctor, nurse, dentist, or other medical professional.)
 - () No
 - (X) Yes, and the following describes the State's reporting requirements and how such injuries are tracked (if applicable).

Licensed child care center providers are required to telephone or fax a serious injury report within the next working day and submit a written report within seven days following the event. The CDSS will track these occurrences and determine if a site visit or other follow-up is warranted.

Licensed family child care home providers are currently not required to report incidents to the licensing agency, but a procedure will be in place within the year. However, if a local child protective agency receives evidence of a serious injury that occurred at a child care facility because of abuse or willful neglect by the program personnel, the agency will alert the CDSS. The CDSS will temporarily suspend the license if the investigation indicates that there is imminent danger to the children in care.

License-exempt providers are not required to report serious injuries to licensing or any other agency.

- Other methods used to ensure that health and safety requirements are effectively enforced:

The CDSS, through its thirteen district offices with almost 200 Child Care Licensing Program Analysts (LPAs), monitors all licensed child care facilities, except for family child care homes licensed by seven CWDs under contract with the CDSS.

To ensure the maximum health and safety of children, LPAs monitor compliance with the CDSS laws and regulations by:

- Conducting group orientations for potential applicants;
- Issuing or denying licenses, as well as, suspending or revoking a license on any grounds specified in the California *Health and Safety Code* §§ 1596.885, 1596.886, 1596.887 and 1596.866;
- Monitoring child care facilities for compliance with health and safety, and personal rights standards;
- Citing deficient areas and assessing civil penalties when corrections are not made;
- Investigating complaints against facilities;

-
- Providing technical support to assist facilities to meet health and safety standards, including referring licensees to the CCLD's Child Care Advocate Program; and
 - Initiating or recommending enforcement actions against facilities when compliance cannot be obtained.

Fire clearances for child care centers and large (group) family child care homes are provided by the appropriate city or county fire department, the district providing fire protection services, or the State Fire Marshal.

Section 6.7 – Exemptions from Immunization Requirements

The State assures that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendations for childhood immunizations of the State public health agency. (§98.41(a)(1))

The State exempts the following children from immunization (check all that apply):

- ☐ Children who are cared for by relatives (defined as grandparents, great grandparents, siblings (if living in a separate residence), aunts and uncles).
- ☐ Children who receive care in their own homes.
- ☒ Children whose parents object to immunization on religious grounds.
- ☒ Children whose medical condition contraindicates immunization.

APPENDIX 1 -- PROGRAM ASSURANCES AND CERTIFICATIONS

The Lead Agency, named in Part 1 of this Plan, assures that:

- (1) upon approval, it will have in effect a program that complies with the provisions of the Plan printed herein, and is administered in accordance with the Child Care and Development Block Grant Act of 1990 as amended, Section 418 of the Social Security Act, and all other applicable Federal laws and regulations. (658D(b), 658E(a))
- (2) the parent(s) of each eligible child within the State who receives or is offered child care services for which financial assistance is provided is given the option either to enroll such child with a child care provider that has a grant or contract for the provision of the service; or to receive a child care certificate. (658E(c)(2)(A)(i))
- (3) in cases in which the parent(s) elects to enroll the child with a provider that has a grant or contract with the Lead Agency, the child will be enrolled with the eligible provider selected by the parent to the maximum extent practicable. (658E(c)(2)(A)(ii))
- (4) the child care certificate offered to parents shall be of a value commensurate with the subsidy value of child care services provided under a grant or contract. (658E(c)(2)(A)(iii))
- (5) with respect to State and local regulatory requirements, health and safety requirements, payment rates, and registration requirements, State or local rules, procedures or other requirements promulgated for the purpose of the Child Care and Development Fund will not significantly restrict parental choice among categories of care or types of providers. (658E(c)(2)(A), §98.15(p), §98.30(g), §98.40(b)(2), §98.41(b), §98.43(c), §98.45(d))
- (6) that children receiving services under the CCDF are age-appropriately immunized, and that the health and safety provisions regarding immunizations incorporate (by reference or otherwise) the latest recommendation for childhood immunizations of the State public health agency. (§98.41(a)(1))
- (7) that CCDF Discretionary funds are used to supplement, not supplant, State general revenue funds for child care assistance for low-income families. (P.L. 106-554)

The Lead Agency also certifies that:

- (1) it has procedures in place to ensure that providers of child care services for which assistance is provided under the Child Care and Development Fund afford parents unlimited access to their children and to the providers caring for their children during the normal hours of operations and whenever such children are in the care of such providers. (658E(c)(2)(B))
- (2) it maintains a record of substantiated parental complaints and makes information regarding such complaints available to the public on request. (658E(c)(2)(C))
- (3) it will collect and disseminate to parents of eligible children and the general public, consumer education information that will promote informed child care choices. (658E(c)(2)(D))
- (4) it has in effect licensing requirements applicable to child care services provided in the State. (658E(c)(2)(E))
- (5) there are in effect within the State (or other area served by the Lead Agency), under State or local law, requirements designed to protect the health and safety of children; these requirements are applicable to child care providers that provide services for which assistance is made available under the Child Care and Development Fund. (658E(c)(2)(E))
- (6) procedures are in effect to ensure that child care providers of services for which assistance is provided under the Child Care and Development Fund comply with all applicable State or local health and safety requirements. (658E(c)(2)(G))
- (7) payment rates under the Child Care and Development Fund for the provision of child care services are sufficient to ensure equal access for eligible children to comparable child care services in the State or sub-State area that are provided to children whose parents are not eligible to receive assistance under this program or under any other Federal or State child care assistance programs. (658E(c)(4)(A))

APPENDIX 2 - ELIGIBILITY AND PRIORITY TERMINOLOGY:

For purposes of determining eligibility and priority for CCDF-funded child care services, lead agencies must define the following *italicized* terms. (658P, 658E(c)(3)(B))

- (1) *job training and educational program* -

A vocational training or educational program that will lead directly to a recognized trade, para-profession or profession.

- (2) *attending* (a job training or educational program; include minimum hours if applicable) -

The parent has certified and submitted documentation of his/her participation in a job training or educational program leading to employment.

- (3) *in loco parentis* -

Any person living with a child who has responsibility for the care and welfare of the child.

- (4) *physical or mental incapacity* (if the Lead Agency provides such services to children age 13 and older) -

The child who is physically or mentally incapable of self-care is a child who has exceptional needs as defined in *Education Code* § 8208 (I).

- (5) *protective services* -

Services provided through the local County Welfare Department's Child Protective Services Unit to children identified by a legal, medical or social services agency or an emergency shelter as abused, neglected or exploited, or at risk of abuse, neglect or exploitation. Protective Services include emergency response, assessment, shelter care, respite care, and out-of-home placement.

- (6) *residing with* -

Living in the same household.

- (7) *special needs child* -

A child who has exceptional needs as defined in *Education Code* § 8208 (I) or is receiving child protective services.

- (8) *very low income* -

Family Income adjusted for family size that is at or below 50 percent of the State Median Income.

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(9) *working* (include minimum hours if applicable) -

Being employed or seeking employment by the parent(s) that precludes the supervision of the family's child(ren). The family's period for "seeking employment" is limited to 60 working days during the fiscal year. Service while seeking employment is limited to an average not to exceed five days per week for an average of less than 6½ hours per day. For TANF (CalWORKs) families any limitation is to be identified in their approved Welfare-to-Work plan.

(10) Additional terminology related to conditions of eligibility or priority established by the Lead Agency:

none

ATTACHMENT A - DESCRIPTION OF CALIFORNIA RATE STRUCTURES

Reference: State Plan Section 3.2 – Payment Rates for the Provision of Child Care

California does not use a set rate schedule for paying providers of subsidized child care and development programs. The rate structures are different for certificate programs versus contracts to provide direct service.

Direct Service Contractors:

Centers and family child care home networks under contract with the CDE are reimbursed based upon one of two statutorily established rates. One rate applies to providers required to operate pursuant to Title 5 of the *California Code of Regulations*. The other rate is established for programs that operate pursuant to Title 22 of the *California Code of Regulations*. In this structure, the equal access concept applies in reverse, i.e., equal access to comparable services is provided to children whose parents are not eligible if such parents pay a fee equal to the rate provided for eligible children.

See Attachment A1.

Certificate Programs:

Every year to two years a regional market rate survey is conducted to determine the market rates and rate ceilings for child care services. The survey determines the market rates by sampling providers in center-based care and family child care homes, for both full-time and part-time children, for three different age groupings. Pursuant to Provision 7(c) of item 6110-196-001 of the Budget Act of 2003, the rate ceilings are set at the 85th percentile of the market survey. Adjustment factors are applied to the standard rate ceilings to allow for a higher rate for special needs children and for evening and weekend care.

Contractors are required to pay each provider the same rate(s) the provider charges nonsubsidized families, not to exceed the rate ceiling described above for the type of care provided. In this way, equal access to comparable care is ensured in each county in the State. Attachment A2 is the complete Market Rate Survey Ceilings, effective October 1, 2003.

ATTACHMENT B - MARKET RATE SURVEY AND RESULTS

Reference: State Plan Section 3.2 – Payment Rates for the Provision of Child Care

Attached are the Market Rate Survey Instrument and the results of the survey:

B1 - The Questionnaire for Family Child Care Homes

B2 - The Questionnaire for Child Care Centers

B3 - The Results of the Survey

ATTACHMENT C - FAMILY FEE SCHEDULE

Reference: Section 3.5 – Sliding Fee Scale for Child Care Services

Attached is the current Management Bulletin 00-14, effective as of September 2000 that expires when superceded.

ATTACHMENT D - SAMPLE CERTIFICATE

Reference: State Plan Section 3.6 - Certificate Payment System

Attached is a copy of a sample certificate for subsidized child care.